

APPLICATION TO OPERATE A BODY ART ESTABLISHMENT

GREENE COUNTY PUBLIC HEALTH
360 WILSON DRIVE
XENIA, OH 45385-1810
1-937-374-5600

Instructions:

1. Complete all sections. Make additions or changes as necessary.
2. Sign and date the application
3. Submit the signed application and the appropriate fee, payable to

Business Name: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Name of Operator: _____ Name of Owner: _____

Mail to Name: _____

Mail to Street: _____

Mail to City: _____ Mail to State: _____ Mail to Zip: _____

APPLICANT _____ DATE _____

(SIGNATURE)

License Fee	Fee Description	Late Fee	Total Fee

I CERTIFY THAT I AM THE OPERATOR OR THE AUTHORIZED REPRESENTATIVE OF THE ABOVE OPERATION AND INTEND TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY SECTION 3730.01 - 3730.11 OF THE OHIO REVISED CODE AND SECTION 3701-09 OF THE OHIO ADMINISTRATIVE CODE.

IF THE OPERATOR IS AN ASSOCIATION, CORPORATION, OR PARTNERSHIP, THE ADDRESS AND TELEPHONE NUMBER OF THE ENTITY AND THE NAME OF EVERY PERSON WHO HAS AN OWNERSHIP INTEREST OF FIVE PERCENT (5%) OR MORE SHALL BE INCLUDED WITH YOUR INITIAL APPLICATION.

A STATEMENT OF ATTESTATION THAT THE OPERATOR INTENDS TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY SECTIONS 3730.01 TO 3730.11 OF THE REVIED CODE AND THE RULES OF THIS CHAPTER SHALL BE INCLUDED WITH YOUR INITIAL APPLICATION.

A LIST OF ALL BODY ARTISTS WHO HAVE RECEIVED ADEQUATE TRAINING AND WILL BE PERFORMING BODY ART SERVICES IN THE BODY ART ESTABLISHMENT SHALL BE INCLUDED WITH YOUR INITIAL APPLICATION.

(Office Use Only)

ID # _____ YEAR _____

REGISTRATION APPROVED _____

REGISTRATION DENIED _____

FEE PAID \$ _____ RECEIPT # _____ DATE _____