



DARKE COUNTY GENERAL HEALTH DISTRICT  
DARKE COUNTY HEALTH DEPARTMENT  
300 GARST AVENUE  
GREENVILLE, OH 45331

APPLICATION TO OPERATE A TATTOO AND/ OR BODY PIERCING TIME  
LIMITED EVENT (TEMPORARY) FOR THE YEAR 2024

**INSTRUCTIONS:**

1. Read through the "Time limited Body Art Packet" to ensure all requirements are met.
2. Complete the applicable sections.
3. Sign and date the application.
4. Make a check or money order payable to: Darke County Health Department
5. Return payment of **\$200 PER EVENT** (no longer than five consecutive days) and signed application **TWO WEEKS IN ADVANCE OF TEMPORARY EVENT** to the Health Department (300 Garst Ave., Greenville, OH 45331).
6. Include a drawing of the layout of the event, including general layout, hand sinks, and body art area(s).

**TYPE OF OPERATION:** \_\_\_\_\_ Tattooing \_\_\_\_\_ Body Piercing \_\_\_\_\_ Tattooing & Body Piercing

**LOCATION OF EVENT INFORMATION:**

Name of Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

**OPERATOR INFORMATION:**

Business Name: \_\_\_\_\_

Name of Operator: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I am getting my water from one of the following locations (circle one):

Public water supply          EPA or Darke County Approved Private Well          Bottled

**I HEREBY 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 OF THE OHIO REVISED CODE AND SECTION 3701 OF THE OHIO ADMINISTRATIVE CODE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMOUNT PD: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_ ISSUED ON: \_\_\_\_\_ ISSUED BY: \_\_\_\_\_