



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

APPLICATION TO OPERATE A COMBINED BODY ART
ESTABLISHMENT FOR THE YEAR 2025

INSTRUCTIONS:

1. Complete the applicable sections. Make any corrections if necessary.
2. Sign and date the application.
3. Make a check or money order payable to: Darke County Health Department
4. Return payment of **\$380** and signed application **by: December 31, 2024** or pay a **25% late fee**
5. To: Darke County Health Department
300 Garst Avenue
Greenville, Ohio 45331

TYPE OF OPERATION: _____ Tattooing _____ Body Piercing _____ Tattooing & Body Piercing

BUSINESS INFORMATION:

Name of Body Art Business: _____

Address of Operation: _____

Phone Number: _____ Email: _____

OPERATOR INFORMATION:

Name of Operator: _____

Address: _____

Daytime Office Phone Number: _____ Home Phone #: _____

Days of Operation: _____ Hours of Operation: _____

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: _____

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FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIPT # _____ AMOUNT PD: _____ RECEIVED BY: _____

LICENSE NO: _____ ISSUED ON: _____ ISSUED BY: _____