



BODY PIERCING & TATTOO ESTABLISHMENT LICENSE Application

Make check or money order payable to OSDH. Mail the fee, with the application, to the above address.
Do not mail cash.

Establishment Type: (please select one)

Body Piercing: NEW* (\$500) OWNERSHIP CHANGE* (\$500) RENEWAL (\$250) – Lic#: _____

Tattoo: NEW* (\$1000) OWNERSHIP CHANGE* (\$1000) RENEWAL (\$500) – Lic#: _____

***Application Requirements:** Consent Form Written Aftercare Instructions Affidavit of Residency
 Articles of Incorporation (if the owner is incorporated, such as LLC, Inc., etc.)

(NEW or OWNERSHIP CHANGE – please complete page 2 also)

ESTABLISHMENT INFORMATION:

Establishment Name: _____ **County:** _____

Physical Address: _____
Address City State Zip

Mailing Address: _____
Address City State Zip

Establishment Ph#: _____ **Email:** _____

OWNER INFORMATION:

Type: Individual Corporate **Name:** _____

Mailing Address: _____
Address City State Zip

Owner Phone#: _____ **Email:** _____

INSPECTION SCHEDULING:

Upon receipt of a completed application, the Department will contact the owner to schedule an inspection. The establishment must have all equipment in place and ready for operation. This includes workstations, autoclave machines, plumbing, sewage and other requirements outlined in OAC 310:233.

Preferred timeframe when the shop will be ready for inspection (dates/times):

I HEREBY CERTIFY this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____

(Please retain copies of the completed application and all documents submitted for your records.)

Establishment Name: _____ County: _____

Body Piercing

Tattoo

For NEW establishments & Change of Ownership ONLY:

Please complete this page to provide the Department an overview of the proposed operations of the establishment.

1. List total number of artist workstations: # _____
 - a. Number of workstations that may be screened from public view: # _____
2. What is the minimum square footage for the smallest workstation: _____ sq. ft.
3. Walls separating the workstations are (if multiple workstations):
 - a. Minimum seven feet Yes No
 - b. Smooth, nonporous, and easily disinfected: Yes No
4. Floors and procedure areas in the workstation are smooth, washable and in good repair: Yes No
5. Check the type of instruments used (check all that apply): Single use Multi-use (complete 5a)
 - a. If multi-use instruments are to be used, describe the setup of the decontamination room and the separate area or room where the autoclave is housed.

6. Artificial light sources are:
 - a. At least 20 foot candles 3 feet off the floor in all areas*: Yes No
 - b. *At least 100 foot candles in workstation area and areas where instruments and sharps are assembled: Yes No
7. Each procedure area has a handwashing facility: Yes No
 - a. Hot & cold running water: Yes No
 - b. Wrist or foot operated controls: Yes No
 - c. Liquid germicidal soap and disposable paper towels: Yes No
8. Covered waste receptacles in:
 - a. Each toilet room: Yes No
 - b. Each workstation: Yes No
9. Reusable cloth items: Yes No

FOR OSDH USE ONLY – NOTES