



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

APPLICATION TO OPERATE A TATTOO AND/ OR BODY PIERCING  
ESTABLISHMENT FOR THE YEAR 2024

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 **\$350** and signed application **by: December 31, 2023** 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 Tattoo and/ or Body Piercing 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: \_\_\_\_\_