



_____ New Operation

Year: _____

_____ Renewal

Body Piercing and Tattoo Establishment License Application City of Cleveland

Department of Public Health - Authority: Chapter 3730 - Ohio Revised Code

Name of the Facility	Date
Address	Tax ID #
Owner/Licensee	Phone

TYPE OF OPERATION

<input type="checkbox"/> Body Piercing \$250.00	<input type="checkbox"/> Tattoo Operation/ Permanent Cosmetics (as defined by OAC 3701-9-01) \$250.00	<input type="checkbox"/> Body Piercing and Tattooing Operations \$325.00
<input type="checkbox"/> Temporary Tattooing \$50.00 per day not to exceed 4 days	<input type="checkbox"/> Temporary Body Piercing \$50.00 per day not to exceed 4 days	<input type="checkbox"/> Temporary Body Piercing and Tattooing \$75.00 per day not to exceed 4 days

OPERATOR INFORMATION

NAME OF OPERATOR		SOCIAL SECURITY NUMBER	
		- -	
STREET ADDRESS	CITY	STATE	ZIP

LIST NAMES AND ADDRESS OF ALL OWNERS HAVING AN INTEREST OF 5% OR MORE IN THIS BUSINESS

NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP

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 3730 OF THE OHIO REVISED CODE AND SECTION 3701 OF THE OHIO ADMINISTRATIVE CODE.

Signature: _____

Date: _____

NEW OPERATORS ONLY

BUILDING USE PERMIT # _____	Parcel # _____
ZONING: Does the location of operation meet all established zoning requirements? Y _____ N _____	Census Tract # _____
SIGNATURE OF AUTHORIZED ZONING REPRESENTATIVE	HEALTH: Does the location meet all requirements of Chapter 3730 - Ohio Revised Code? Y _____ N _____
	SIGNATURE OF AUTHORIZED HEALTH REPRESENTATIVE