

# Greene County Combined Health District

360 Wilson Dr.  
Xenia, OH 45385  
(937) 374-5600

## Application for a Permit to Operate a Tattoo and/or Body Piercing Studio

Type: Tattoo Only Body Piercing Only Tattoo and Body Piercing Time-Limited

Name of Studio: \_\_\_\_\_

Address of Studio: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Operator or Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

I certify that I am the Operator or the authorized representative of the above operation and intend to comply with all requirements established by Chapter 3730 of the Ohio Revised Code and Section 3701-09 of the Ohio Administrative Code.

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date

### Instructions:

1. Completely fill out this application.
2. Sign and date the application.
3. Submit the signed application and the appropriate fee to:

Greene County Combined Health District  
360 Wilson Dr.  
Xenia, OH 45385

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Office use only: Date Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_