Columbiana County Health District

APPLICATION FOR APPROVAL TO OPERATE A BODY ART ESTABLISHMENT FOR THE YEAR: 2025 (January 1- December 31)

This application and approval fee should be mailed or delivered by the operator or his/her authorized representative to the: Columbiana County Health District, 7360 State Route 45, P.O. Box 309, Lisbon, Ohio 44432

TYPE OF OPERATION: ☐ **New** ☐ **Renewal** ☐ **Time Limited Event****

FEE: ☐ Renewal Prior to 12-31-24 **$450.00** ☐ Renewal After 12-31-24 **$747.50*** O.R.C. 3709.09 – late fee renewal only

☐ New After 1-1-25 **$598.00** ☐ Time Limited ** **$299.00**

FOR OFFICIAL USE ONLY

License: Date:

☐ Disapproved Signature:

☐ Approved RS/SIT (Print):

BUSINESS INFORMATION:

Business Owner: _____

Business Name: _____

Business Address:

_____

Street City

Time Limited Event Location (if applicable):

_____

Street City

Business phone: _____ E-mail: _____

Days of Operations/Hours of Operation: _____

List all body artists at this establishment and check all that apply (continue on back of page).

Artist Name	Permanent Cosmetic	Tattoo	Piercing
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

OPERATOR INFORMATION:

Name of Operator: _____

Phone: _____ E-mail: _____

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 3701-9 of the Ohio Administrative Code.

Signature: _____ Print: _____ Date:_____