



# Application for a Certificate to Operate a Tattoo and/or Body Piercing Facility



Public Health  
Prevent. Promote. Protect.

Northeast Ohio Public Health Partnership

5550 Venture Drive  
Parma, OH 44130  
216.201.2000  
www.ccbh.net

### Instructions:

Fill out only Section I for a renewal of an existing facility.  
Fill out both Sections I and II for a new facility.  
Make check payable to the Cuyahoga County Board of Health  
All approvals expire June 30<sup>th</sup> of each year.

## SECTION I

Name of Establishment: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/Operator of Establishment: \_\_\_\_\_

Please check the appropriate box:

- Type I. Body Piercing Only Facility \$100.00/year
- Type II. Tattooing Only Facility \$100.00/year
- Type III. Combination Body Piercing and Tattooing Facility \$125.00/year
- Type IV. Time-Limited Body Piercing/Tattooing for a specific event \$25.00/day

I hereby certify that I am the operator of the Tattooing/Body Piercing establishment indicated above, and will comply with Sections 3730.01 to 3730.11 of the Ohio Revised Code.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>			
Approved By: _____		Date _____	
Login # _____	Fee Amount _____	New <input type="checkbox"/>	Renewal <input type="checkbox"/>



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## SECTION II

### FOR NEW FACILITIES ONLY

For approval of a new facility, submit the following:

- 1) Plans and specifications shall be legible, be drawn reasonably to scale, and shall include:
  - The total area to be used for the business,
  - Entrances and exits,
  - Number, location, and types of plumbing fixtures including all water supply facilities,
  - A lighting plan
  - A floor plan showing the general layout of fixtures and equipment,
  - A listing of all equipment to be used.
- 2) Names of each person who has an ownership interest of five percent or more in the business.
- 3) Records of completion of courses or seminars by all individuals performing tattooing or body piercing (i.e. first aid, blood borne pathogen, infectious disease prevention, tattooing and body piercing aftercare)
- 4) Written statements of attestation by all individuals performing tattooing or body piercing that they have received sufficient training of adequate duration.
- 5) Written procedures for disinfection and sterilization of all non-disposable equipment, monitoring tools and logs of heat sterilization devices, and ensuring the safety of employees and clients.
- 6) Identify any previous, current, or similar approvals held by the operator for tattooing or body piercing services.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_