

# Application for a License to Conduct a Temporary Tattoo / Body Piercing Operation:

**TYPE OF TEMPORARY:**  Tattoo Service  Body Piercing Service  Tattoo & Body Piercing Service

**Instructions:**

1. Complete all applicable sections.
2. Sign and date the application
3. Make a check or money order payable to: **Wayne County Health Department**
4. Return signed application and fee payment to:

**WAYNE COUNTY HEALTH DEPARTMENT  
428 WEST LIBERTY STREET  
WOOSTER OH 44691**

**EVENT INFORMATION**

Complete this form and return with Fee *License Fee is \$50.00 per event* **TOTAL FEE ENCLOSED \$**\_\_\_\_\_

Before opening a temporary operation the operator must complete the Event Information and Applicant Information sections below and pay all applicable fees **10 days** before the event.

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Starting Time: \_\_\_\_\_

Event Organizer: \_\_\_\_\_

*(NAME)*

*(PHONE/CELL PHONE OR BOTH)*

**APPLICANT INFORMATION**

Before license application can be processed the application must be completed and the indicted fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by Chapter 3730.01 to 3730.11 of the Ohio Revised Code.

Name of Tattoo and/or Body Piercing Business		Business address	
City	State	Zip	
Phone #	Fax #	State of Origin License Number	

**License Holder**

Name of license holder for Temporary			Phone number / Cell phone number	
City	State	Zip	Drivers License	Issuing State
Name of individual trained in bloodborne pathogens and their certification number (if available).			License holder is: (check all that apply) <input type="checkbox"/> Owner <input type="checkbox"/> Co-Owner <input type="checkbox"/> Operator	
<b>I hereby certify that I am the license holder, or the authorized representative of the tattoo and/or body piercing establishment indicated above, and will comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and all sections of Chapter 3701-9 of the Ohio Administrative Code.</b>				
Signature			Date	

Office Use Fields in Grey		Total License Fee for Event	= Total Fee Amount Paid
By	Date	Audit no.	License no.

# **Body Art Time-Limited Event Requirements for Permit to Operate**

PROCEDURE TO OBTAIN A TIME-LIMITED PERMIT:

To obtain a permit to operate a time-limited event, a permit application and an information application form must be completed, the proper fee paid, and both forms returned to the Wayne County Health Department.

**The permit fee is \$50.00 for each time-limited event.**

## REQUIREMENTS APPLICABLE TO TIME-LIMITED EVENTS:

- THE PERMIT HOLDER (OPERATOR) MUST READ THIS FORM, BE FAMILIAR AND COMPLY WITH THE OHIO BODY ART (TATTOO AND BODY PIERCING) RULES (Ohio Administrative Code (OAC) Chapter 3701-9. These rules are available on the Ohio Department of Health (ODH) Website at [www.odh.ohio.gov](http://www.odh.ohio.gov).)
- The permit holder shall be the person-in-charge or shall designate a person-in-charge and shall ensure this person is present during all hours of operation.
- All tattooing and/or body piercing must be done by an adequately trained individual.
- Proper hand washing facilities must be provided.
- The permit holder must have documented current approval from a Board of Health for a permit to operate a Body Art Establishment either in Wayne County or from another health department jurisdiction.
- Proper disposal facility (sharps container) for needles/biohazard materials and a covered trashcan/container must be provided.
- No food or drinks permitted in tattoo/piercing area.
- Have forms such as Patron Case History, Consent, Aftercare, Log of Colors Used, and Complaint Forms.
- The following checklist, not intended to be all inclusive, may assist you in planning your event:

**Yes    No**

Signed Application for a Permit to Operate a Time-Limited Tattoo and/or Body Piercing Event.

Current fee paid.

Plans showing total area to be used including: entrance(s) and exit(s) shown, proposed general floor plan layout, and location of privacy panels.

Hand washing area available.

Restroom facilities.

Infectious waste disposal containers available on-site.

Tables/storage area for equipment.

List of all equipment to be used.

Description of process for sterilizing all non-disposable equipment or parts.

Form or document to list all dye colors used (lot numbers, manufacturers).

**BODY ART TIME-LIMITED EVENT**

Complete the attached forms and the permit application form. If there is a blank that does not apply to you or your proposed operation, write "N/A" in the blank. **This information should be submitted to the Wayne County Health Department at least 10 days prior to the event.**

**I. List of employees who will be working this event:**

	Employee's Name	Name of Facility Where Trained	Number of Years of Apprenticeship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**II. Employees (as numbered above) have training in:**

A.	First Aid	Yes	No	C.	Preventing Transmission of Infectious Disease	Yes	No
	Employee 1				Employee 1		
	Employee 2				Employee 2		
	Employee 3				Employee 3		
	Employee 4				Employee 4		
B.	Tattooing Aftercare			D.	Universal Precautions Against Bloodborne Pathogens		
	Employee 1				Employee 1		
	Employee 2				Employee 2		
	Employee 3				Employee 3		
	Employee 4				Employee 4		

**III. If the event is more than one day in length, in which locations will the supplies be stored overnight and how will they be protected against contamination?**

\_\_\_\_\_

**IV. What type of hand washing facilities will be available/provided for proper hand washing?**

\_\_\_\_\_

**V. Where will garbage/trash cans with lids be stored?**

\_\_\_\_\_

**VI. Where will infectious waste containers be located?**

\_\_\_\_\_

**VII. Where will non-disposable instruments be stored/disinfected and what disinfectant solution will be used?**

\_\_\_\_\_

**VIII. What type of flooring will be used?**

\_\_\_\_\_

**IX. Is there an autoclave available at your business location for sterilizing non-disposable equipment? Provide make and model number.**

\_\_\_\_\_

**X. Draw in the box an on-site floor plan of the proposed operation. Include the location(s) of the following areas:**

Yes No

- A. Area to be used for tattooing or body piercing
- B. All entrance(s) and exits(s)
- C. Tables, equipment, and supply storage area(s)
- D. Infectious waste disposal area
- E. Location of all hand washing, soap, and restroom facilities
- F. Location of garbage/trash disposal (must have covers)
- G. First aid area
- H. Form storage area
- I. Location and type of lighting
- J. Location of privacy panel (if needed/requested)



N