Public Health
Prevent. Promote. Protect.

Warren County Health District

Tattoo & Body Art Application
416 S. East Street, Lebanon, OH 45036
(513) 695-1220

Permit Fee: $250.00

ESTABLISHMENT INFORMATION

Name of Establishment: _____

Total Floor Area: _____

Address: _____

Township: _____

City: _____

Owner of Establishment: _____

Phone #: _____

Email: _____

OPERATOR CERTIFICATION

Name of operator (print): _____

I certify that I am the operator of the establishment identified above or the operator's authorized representative and that the establishment will comply with all applicable requirements of Ohio Revised Code Chapter 3730, Ohio Administrative Code Chapter 3701-9 governing body art services, and all other applicable local regulations.

Signature: _____

Date: _____

Complete application and submit to dennvr@warrencohealthoh.gov

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Office Use Only

Application decision: ☐ Approved ☐ Disapproved

Authorized Signature (REHS/REHSIT): _____

Date: _____