

2025 Application for a License to Conduct a: (check all that apply)

- ☐ Body Art Establishment
☐ Piercing Establishment
☐ Permanent Make Up Establishment

Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: **CCCHD**
4. Return check and signed application by: **December 31, 2024*** **\$300.00**
Return to: **Clark County Combined Health District**
529 E Home RD
Springfield, OH 45503

***There is a mandatory penalty fee of 25% of the renewal fee for operating a body art establishment after the deadline (Chapter 3709.09 of the Ohio Revised Code).**

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3709.

Name of Facility		Name of License Holder	
Address			
City	State	ZIP	
Phone #	E-mail		
Name of all artists practicing at facility			

Mailing address for annual renewal if different than above:

Name of parent company or owner		Phone #	
Address		E-mail	
City	State	ZIP	

I hereby certify that I am the license holder, or the authorized representative, of the body art establishment indicated above:	
Signature	Date

Licensors to complete below

Category Body Art Establishment		
License fee \$300.00	+ Late fee \$0.00	= Total amount due \$300.00

Application approved for license and certified as required by Chapter 3709 of the Ohio Revised Code.

By	Date	Receipt no.	License no
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