2021 Application for a License to Conduct a Body Art Operation						I: [] Tattoo Establishment [] Time Limited Event		
Instructions:								
 Complete the applicable section. (Make any corrections if necessary) Sign and date the application. Make a check or money order payable to: Crawford County Public Health Return check and signed application by: Return to: Crawford County Public Health 1520 Isaac Beal Rd. Bucyrus, Ohio 44820 								
*There is a mandatory penalty fee of 25% of the renewal fee for operating a Body Art Facility after the deadline.								
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 3730.								
Name of Facility				Nar	Name of License Holder			
Address					E-mail			
City				Sta	te ZIP			
Phone #	Fax				l			
Names of Artists Conducting Body Art Activities at this Location:								
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 Operation indicated above:								
Signature							Date	
Licensor to complete below								
Category								
License fee \$223.51	+ Late for \$0.00	ee	+ State ame	ount			= Total amount due \$223.51	
Application approved for license and certified as required by Chapter 3730 of the Ohio Revised Code.								
Ву	Date		Audit no.		License no			