



**Body Art Program  
Plan Review Application**

Facility Name: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

Facility City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Facility Email: \_\_\_\_\_

Legal Business Name (License Holder): \_\_\_\_\_

License Holder Street Address: \_\_\_\_\_

License Holder City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

License Holder Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

List of all body artists who have received adequate training and will be performing body art services:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Reason for Plan Review (Circle One):                      New Facility                      Remodeling Existing Facility

Type of Proposed Service (Circle all that apply):

- Tattooing/Permanent Cosmetics;
- Body Piercing;
- Combined Body Art;
- Time Limited Event (Temporary)

    ○ Dates & Times of the Time Limited Event: \_\_\_\_\_

**Licking County Health Department  
Body Art Plan Review Guidelines**

All plan review applications for a body art establishment must contain the following items as supplemental documentation for us to review and approve before licensing:

1. Floor Plan:
  - Total square footage of the facility
  - Entrances and exits
  - Number, location, and types of plumbing fixtures, including all water supply facilities
  - Location of all lighting fixtures
  - General layout of fixtures and equipment
2. A finalized site map and/or location you are setting up at if setting up at an event as a temporary body art facility.
3. Listing of all equipment to be used, including the manufacturer and model numbers.
4. Written verification from the local zoning authority and building department.
5. Completed written infection control plan specific to your facility that includes ALL the following:
  - a) Decontaminating and disinfecting environmental surfaces;
  - b) Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments;
  - c) Protecting clean instruments and sterile instruments from contamination during storage;
  - d) Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures and
  - e) Safe handling and disposal of needles;
6. Copy of aftercare guidelines.
7. Copy of consent form, which includes:
  - The patron's name
  - The patron's address
  - The date of the service
  - Colors, manufacture, and lot number of all inks, dyes, or pigments used
  - Jewelry used, including size, material composition, and manufacturer
  - Placement of the procedure
8. Under 18 years old, consent form, if applicable.
9. Training proof documentation:
  - Courses completed; seminars attended; written statements of attestation
  - First aid training
  - Blood-borne pathogens training
10. Statement of attestation that the operator intends to comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and rules set forth in Ohio Administrative Code Chapter 3701-9.

---

**LCHD Use Only**

REHS: \_\_\_\_\_

Fees: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Input in HS: \_\_\_\_\_

Date Fees Paid: \_\_\_\_\_

Date Completed: \_\_\_\_\_