CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Application to Operate a New Body Art Facility

Name of Facility		
Address		
City		Zip
Phone	Email	
Owner/Operator		

The following application must be completed in its entirety, with the appropriate fee submitted before plans will be accepted for review. Once submitted for review, the application fee is non-refundable. Please review the attached checklist for the required plan and specifications for the new business. When such plans are accepted by the Board of Health they shall be acted upon within thirty (30) days of receipt.

☐ Type I. Body Piercing Only Facility	$600.00 per year
☐ Type II. Tattooing Only Facility	$600.00 per year
☐ Type III. Combination Body Piercing & Tattooing Facility	$700.00 per year
☐ Type IV. Time Limited Body Piercing/Tattooing (not to exceed 7 days)	$150.00 plus $25.00 each additional day

Please complete the following for Time Limited Approvals only (Temporary Events)

Name of Event	Date(s) and Time(s)
Address	City

I hereby certify that I am the operator of the Body Art facility indicated above, and I will comply with Sections 3730.01 to 3730.11 of the Ohio Revised Code

Signature of Applicant	Date

For office use only---------- ***Revised January 2026***

Approved by			Date
Login #	Fee Amount	Permit #	New ☐

Roderick Harris, DrPH Health Commissioner
5550 Venture Drive ♦ Parma, Ohio 44130
Direct: 216.201.2000 ♦ Fax: 216.676.1311 ♦ www.ccbh.net

PLEASE NOTE: PLANS THAT ARE MISSING ANY OF THE FOLLOWING INFORMATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE REVIEWED.

Plans and specifications that are drawn legibly and reasonably to scale that include:

- ☐ The total area to be used for the business
- ☐ Entrances and exits
- ☐ Number, location, and types of plumbing fixtures, including all water facilities:
  - a) A restroom shall be located within establishment and be equipped with a toilet and hand sink
  - b) Hand washing sinks must be separate from the restroom hand sink, shall be located inside of each approved procedure room and cannot be portable. Hand washing sinks in an open floor plan design cannot be more than 10 linear feet from the approved procedure areas.
  - c) A separate sink shall be provided for cleaning and rinsing equipment for the sterilization process (when applicable)
- ☐ Lighting plan
- ☐ Floor plan, showing the general layout of the fixtures and equipment (include room dimensions).
- ☐ List of all equipment to be used, including manufacturer and model numbers
- ☐ If performing body piercing, provide mill certificates for all jewelry used in initial piercings
- ☐ Written verification from zoning authority and building department having jurisdiction that the building has been zoned and approved for the business use
- ☐ Example patron consent form documenting all of the following information:
  Patrons name, address, and date of birth; Date of service; Color and manufacture of all inks, or pigments used; Jewelry used including size, material composition, and manufacturer; Location of procedure; Lot numbers of sterilized equipment used; Name of artist performing procedure

A Written Infection Prevention and Control Plan that includes but is not limited to the following:

- ☐ Procedures for decontaminating and disinfecting environmental surfaces
- ☐ Procedures for decontaminating, packaging, sterilizing, and storing reusable equipment and instruments
- ☐ Procedures for protecting clean or sterile instruments from contamination during storage
- ☐ Procedures for ensuring that standard precautions and aseptic techniques are utilized during all body art procedures
- ☐ Procedures for the safe handling and disposal of needles
- ☐ Aftercare guidelines

Names of all persons who will perform tattooing or body piercing at the facility including records of their training in the following:

- ☐ Documentation of training in the body art (trainers must be licensed/inspected by health authority)
- ☐ Documentation of current completion of course in first aid
- ☐ Documentation of current completion of course in blood borne pathogens

☐ **Names of all persons who have an ownership interest of 5% or more in the business**

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