

November 1, 2016

Operator Name

Address

City, State, Zip

RE: Body Art Establishment Renewal Application

Establishment Name

Establishment Address

XXX Township, Portage County

Dear Body Art Establishment Operator:

In accordance with Ohio Revised Code (ORC) 3730.02, no person shall operate a body art establishment without first obtaining the approval of the Board of Health in the jurisdiction in which the business operates. Therefore, enclosed is your 2017 application to *renew* the Permit to Operate the body art establishment referenced above.

Please be aware that in accordance with Ohio Administrative Code (OAC) 3701-9-02 (E) and (F) the process to renew the permit to operate or maintain a body art establishment states, in part:

- (E) Every person who intends to renew an approval to operate or maintain a body art establishment shall apply to the board of health on or after November first of each year. Applications received or postmarked after December thirty-first shall be assessed a penalty as authorized by section 3709.09 of the Ohio Revised Code (ORC).
- (F) Approvals are not transferable and remain valid for one year, ending December thirty-first. Any change in address or change in ownership shall require the operator to apply for approval, with payment of all fees established by the board of health.

Please note, OAC 3701-9-02(B) states,

No person shall construct, install, provide, equip, or *extensively alter* a body art establishment until all plans and specifications for the facility layout, equipment and operation have been *submitted to and accepted*, in writing, by the board of health of the city or general health district in which the business is located.

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If this facility is being altered, please submit plans and specifications as detailed on the application form as soon as possible to minimize any delays in processing the application.

If applicable, the plan review fee is \$75.00. The annual permit to operate fee for 2017 is \$125.00. In accordance with OAC 3701-9-02(E), a **late fee will be assessed if the application and payment are not received or postmarked by December 31, 2016.**

Please complete the application, sign, date and return or postmark with the required fee on or before December 31, 2016. Please submit a current copy of the infection and control plan as detailed in OAC 3701-9-02(B)(8) as part of the application. Please make all checks payable to: **Portage County Health District.**

Should you have any questions or concerns, please contact Jack Madved at (330) 296-9919 ext. 116 between 8 – 9:30 AM, Monday through Friday.

Respectfully,

Mary Helen Smith, MPH, RS
Director of Environmental Health

enclosures

cc: Body Art Establishment Permit to Operate File(s)

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ESTABLISHMENT RENEWAL APPLICATION COVER LETTER.docx