



NORTHERN KENTUCKY INDEPENDENT DISTRICT HEALTH DEPARTMENT

APPLICATION FOR CERTIFICATION OF A TATTOO AND/OR BODY PIERCING STUDIO

No person shall operate a Tattoo or Body Piercing Studio without certification from the Cabinet for Health Services

Establishment Name: _____

Establishment Address: _____

Street

Phone Number: _____

City

State

Zip Code

Owner's Name: _____

Owner's Address: _____

Street

Phone Number: _____

City

State

Zip Code

Previous Name of Establishment (if applicable): _____

Certification Fee: \$ _____ Cash Check Money Order

Applicant's Signature: _____ Date: _____

Please return completed application with required fee to:

Northern Kentucky Health Department
Environmental Health and Safety
610 Medical Village Drive
Edgewood, KY 41017

Make check payable to Northern Kentucky Health Department

FOR OFFICIAL USE ONLY

Action	
New	N
Change	C
Delete	D
Reactivate	R

Est. No.				

Status	
Active	A
Inactive	I
Hold	H
No. app	N
Suspended	S

County		

Program		

Sanitarian				

Insp. Intvl.		

Est. Type		

Service Type	
Sit Down/Full	1
Cafeteria/Continental	2
Carry-out/Retail Mkt.	3
Caterer (Commercial)	4
Interstate Conveyance	5
No Service Type	6

Water Sup.	
Public	1
Private	2
Other	3

Sewage	
Public	1
Private	2
Other	3

Quantity 1	Unit Measure
	Seats S

Quantity 2	Unit Measure
	Feet F

New/Additional Plumbing Approval By: _____ Date: _____ Permit # _____

Approved By: _____ Date: _____