



## 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  
 8001 Veterans Memorial Drive, Florence, KY 41042  
*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
Carryout/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: \_\_\_\_\_