



NOBLE COUNTY

HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ Toll Free: 888-70-NOBLE ~ www.noblecohcd.org



YEAR 2026

APPLICATION FOR TIME LIMITED PERMIT TO PERFORM BODY PIERCING AND/OR TATTOOING

Owner / Operator's name: _____

Address: _____

Phone No.: () _____

Company's Name: _____

Company's Address: _____

Company's Phone No.: () _____

Date(s) of Event: _____

Address of Event: _____

Type of Equipment Used _____

I (WE), HEREBY AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS, STATE, AND LOCAL, WHICH ARE APPLICABLE TO TATTOOING AND BODY PIERCING.

Signature of Applicant

Date

Below to be Completed By the Health Department

Date Permit Issued: _____

Date Permit Denied: _____

Permit No.: _____

Date \$95.00 Paid: _____

Comments: _____

REHS Signature: _____

Date: _____