



Franklin County
Public Health

Franklin County Public Health

280 East Broad Street · Columbus, Ohio · 43215-4562

December 1, 2023

Destiny Ward

6683 Buntline Drive

Canal Winchester OH 43110

Total Due: \$279.00

Owner ID: SCAN-AP8G6X

Due Date: January 2, 2024

Re: 2024 Application to Operate a Body Art Business

Dear Body Art Business Operator:

Payment Options/Application

An application for the renewal to operate your body art business for 2024 is enclosed.

1. **Online Payment (Credit Card)**

- Please visit www.myfcph.org/epay
- You will need your Owner ID to begin the credit card transaction. **Owner ID: SCAN-AP8G6X**

2. **To pay by check or money order**

- Make checks or money orders payable to: **Franklin County Public Health.**
- Make any necessary corrections on the application, such as mailing address, phone numbers, etc.
- Sign the application(s).
- Enclose a check or money order for the total amount listed on the application along with the original signed application, do not send a photocopy.

Late Fees

The late fee is twenty-five percent (25%) of the fee.

- The late fee must be paid if the renewal application is not received or post marked by **January 2, 2024.**

Contact Information

Please contact us if you have any questions regarding your application or payment.

- Rich Stewart, Community Environmental Health Supervisor at RichardStewart@franklincountyohio.gov or 614-525-7445.

Application for a License to Conduct a Tattoo Establishment:**Instructions:**

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: **Franklin County Public Health**
4. Return check and signed application by: **January 2, 2024**

Return to: **Franklin County Public Health**
280 E Broad Street
Columbus, OH 43215

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license.

Name of Facility Browtique, The		Name of License Holder Destiny Ward	
Address 543 S Drexel Avenue			E-mail info@mybrowtique.com
City Bexley	State OH	ZIP 43209	
Phone # (614) 425-8139	Fax (614)		

Mailing address for annual renewal if different than above:

Name of parent company or owner Destiny Ward		Phone # (614) 425-8139
Address 6683 Buntline Drive		E-mail
City Canal Winchester	State OH	ZIP 43110
I hereby certify that I am the license holder, or the authorized representative, of the Tattoo Establishment indicated above:		
Signature		Date

Licenser to complete below

Category Tattoo Establishment	
License fee \$279.00	= Total amount due \$279.00
By	Date
License no SCAN-AP8G84	

Additional Artist's Information (if applicable)

Name	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing
Name	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing
Name	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing