



NOTICE OF HEARING

Destiny Ward
6683 Buntline Drive
Canal Winchester OH 43110
LOCATION: Browtique, The
543 S Drexel Avenue
Bexley, OH 43209
Total Due: \$348.75
Owner ID: SCAN-AP8G6X
Due Date: January 2, 2024

Dear Destiny Ward:

Our records indicate that you have failed to renew your Body Art Business Approval from the Board of Health. Body Art applications were mailed to body art owners in December of 2023. A person seeking approval shall submit an application for renewal to the Board of Health not later than January 2, 2024. The Board of Health may issue an approval only after receiving a completed application, including the payment of any fee or penalty. If the applicant is subject to a penalty for not filing a completed renewal application on or before January 2, 2024, the Board of Health shall not grant approval until the applicant pays the applicable penalty.

Section 3730.02 (A) of the Ohio Revised Code states:“No person shall do any of the following:”

- (A) Operate a business that offers tattooing or body piercing services unless a board of health has approved the business under section 3730.03 of the Revised Code.

Ohio Revised Code 3730.3 in part states:

A person seeking approval to operate a business that offers tattooing or body piercing services shall apply to the board of health of the city or general health district in which the business is located on forms the board shall prescribe and provide.

The applicant shall submit all information the board of health determines is necessary to process the application. The applicant shall include the fee established under section 3709.09 of Revised Code with the application.

Whoever violates section 3730.02 of Revised Code is guilty of a misdemeanor of the fourth degree. You are also subject to a civil lawsuit being filed in the Franklin County Municipal Court, Environmental Division. The Board will consider appropriate enforcement action at their next scheduled meeting.

You are hereby notified that a hearing has been scheduled to take place before the Board of Health on February 13, 2024 at 9:00 a.m., at 280 East Broad Street, Columbus, OH 43215-4562.

At the hearing, you will have the opportunity to present your case orally or in writing. You may be represented by legal counsel, and may review the case record before the hearing, upon request. Please note, however, that only a licensed attorney may represent a corporation or limited liability company and cross-examine witnesses.

If the required application and payment is received prior to the February 13, 2024 Board of Health hearing, you or an authorized representative will not be required to attend the scheduled hearing with the Franklin County Board of Health.

Payment Options and Application

1. On-line 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 any/all necessary corrections to the application, such as the correct mailing address, contact person(s), phone number(s) and email(s).
- Sign the application(s).
- Make the check or money order for the total amount on the application(s) payable to: Franklin County Public Health
- Enclose payment along with the original signed application. Copies will not be accepted.

If you have any questions, please feel free to contact Charlie Broschart at 614-525-3849.

Sincerely,

Joe Mazzola, MPA

Health Commissioner

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
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 \$348.75
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