

# Franklin County Public Health

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

# **NOTICE OF HEARING**

Tiffany J Gammon 2833 Kingsrowe Court Columbus OH 43209 LOCATION: Polished Nails and Skin LLC 1378 N Hamilton Road 92 Gahanna, OH 43230 Total Due: \$348.75 Owner ID: JPHS-CSDNA7 Due Date: January 2, 2024

#### **Dear Tiffany J Gammon:**

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 <u>www.myfcph.org/epay</u>
- You will need your Owner ID to begin the credit card transaction. Owner ID: JPHS-CSDNA7

#### 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

Returnto: 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			Name of License Holder					
Polished Nails and Skin LLC			Tiffany J Gammon					
Address			E-mai					
1378 N Hamilton Road 92								
City			State		ZIP			
Gahanna	Ol	Н	4	43230				
Phone #	Fax							
(614)	(614)							
Mailing address for annu	al renewal if diffe	rent than above:						
Name of parent company or owner					Phone #			
Tiffany J Gammon					(614)			
						753-9522		
Address					E-mail			
2833 Kingsrowe Court								
City St	ate						ZIP	
Columbus OH						43209		
I hereby certify that I am	the license holder,	or the authorized rep	presentative,	of the Ta	ttoo Establi	shment		
indicated above:		-						
Signature			Date					
Licensor to complete belo	DW							
Category								
Tattoo Establishment								
License fee				= Total amount due				
\$279.00				\$348.75				
By Date				License no				
JI					PHS-CSDNBW			
Additional Artist's Inform	mation (if applicab	ole)						
Name			too	[]Body]	] Body Piercing			
Name			too	[] Body ]	Piercing			
Name			too	[] Body	Piercing			