DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH – ENVIRONMENTAL HEALTH UNIT

GEORGE M. BORRELLO
County Executive

CHRISTINE SCHUYLER
Director of Health & Human Services
(Commissioner of Social Services/Public Health Director)

APPLICATION for TATTOO/BODY PIERCING ARTIST CERTIFICATION

Tattooing or Body Piercing without certification is a violation of
Article XIII of the Sanitary Code of the Chautauqua County Health District.

Instructions: Type or print the required information and return the completed application to the Environmental Health Services Unit. False statements on this application may be cause for certification revocation. The **ARTIST FEE of $100** must accompany this form.

TYPE OF APPLICATION: ☐ New ☐ Renewal (certification #CC _____)

☐ New Guest Artist ☐ Guest Artist Renewal (certification # CC_____)

Name_____ Telephone # _____

Street _____ City/ZIP _____

E-mail _____

Procedures to be performed by applicant: ☐ Tattooing ☐ Piercing ☐ Other _____

Birthdate ____/____/____

A copy of your CURRENT PHOTO ID must accompany the application, unless a copy was previously submitted.

SHOP INFORMATION

Chautauqua County Shop Name:_____

Street _____ City/ZIP _____

Do you own the Shop listed above? ☐ Yes ☐ No, the owner is _____

Provide the shop name and address of any other shop location(s) where you work.

You must obtain a waiver *(**Form CE-200** from the NYS Worker's Compensation Board showing that you are not required to carry workers' compensation and disability benefits coverage before the certification will be issued.* ***The form must be signed and dated.*** NYS WCB website: **www.businessexpress.ny.gov**

The applicant hereby agrees that the information provided herein is accurate.

Signature _____ Date____/____/____

>> **OFFICE USE ONLY** <<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

Certificate Issued: ☐ Yes ☐ No Certificate #CC_____ Examination Score _____

Date issued: _____/_____/_____ Date expires: 12/31/_____

$100 Fee paid on _____ Receipt #_____

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