Body Art Establishment Certification of Sanitation



Application for Operation Certificate (716) 753-4481

Operating a Body Art Establishment without certification is a violation of Article XIII of the Sanitary Code of the Chautauqua County Health District.

Instructions: Print the required information. Return completed applications to the Environmental Health Division by mail or you may also submit applications electronically to cchealth@chqgov.com. Also, there is an Environmental Health drop box is available outside the Hall R. Clothier Building located at 7 N Erie St, Mayville, NY 14757. The ESTABLISHMENT FEE of \$300 must be included. Body Art Establishment certificates will be issued for 2 years beginning 2023

issued for 2 years beginning 202	, J.		
TYPE OF APPLICATION	New	Renewal	
ESTABLISHMENT TYPE Tar	ttoo Only	Body Piercing Only Tattoo & Body Piercing	
Other (des	scribe)		
ESTABLISHMENT INFORMATION	I		
Name		Telephone #	
Address		City / Zip	
Mailing Address		City / Zip	
Have you discussed private water	Public	Private (a well serves the individual property) uirements with Chautauqua Co. staff? Yes No private System	
OWNER/OPERATOR INFORMAT	ION		
Name		Telephone #	
Mailing Address		City / ZIP	
E-mail	_		

DAYS / HOURS OF OPERATION				
SERVICES PROVIDED Briefly describe all tattoo, piercing, and	d/or cosmetic services to be p	rovided.		
The applicant hereby agrees	that the information	contained herein	is accurate.	
Signature				
Printed Name		Date		
>>>>>>>>>>	> OFFICE USE ONLY	<<<<<<	<<<<<<	
Date Certification Issued: /	Date Expires: 12,	/31/		
Plans Submitted: Yes (date) /		Not Applicable	2	
Conditions of Approval (choose pre-we	orded conditions or print new	condition):		
☐ The Private water supply must be main submitted	ntained in accordance with Count per	y requirements, a bacteri	a sample must be	
☐ Autoclave spore tests must be conduct	ted monthly, unless otherwise ag	reed to.		
CCHD Signature	Title		// Date	
_	300 Fee paid on	Receint #		
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