

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

PAUL M. WENDEL, JR. 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 (certifica	ition #CC)	
	🗌 New Guest A	Artist 🗌 Guest Arti	st Renewal (certifie	cation # CC)
Name			Teleph	one #		
StreetCity/ZIP						
E-mail						
Procedures to be perform	ned by applicant:	□ Tattooing □ P	iercing 🗌 Other			
Birthdate / /						
A copy of your CURRENT Pl	HOTO ID must acco	ompany the application	on, unless a copy wa	is previously s	ubmitted	-
SHOP INFORMATION						
Chautauqua County Shop	Name:					
StreetCity/ZIP						
Do you own the Shop list	ed above? 🗌 Ye	es 🗌 No, the ov	vner is			
Provide the shop name a	nd address of any	y other shop locatior	า(s) where you woi	rk.		
You must obtain a waive required to carry workers The form must be signea	s' compensation a	nd disability benefit	s coverage before	the certificati		
The applicant hereby ag	rees that the info	rmation provided h	erein is accurate.			
Signature				Date	/	/
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>				<<<<<<<	.<<<<<<	<<<<
Certificate Issued:	; 🗌 No Certifi	icate #CC		Examination	Score	
Date issued://	Date e	expires: 12/31/				
	\$100	Fee paid on		_ Receipt #		
revised 2/2019						
		R BUILDING, MAYVILL 6) 753-4481 ♦ FAX (716		7-1027		