



CHAUTAUQUA COUNTY 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 SHOP CERTIFICATE OF SANITATION

Operating a Tattoo / Body Piercing Shop 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 **SHOP FEE of \$150** must accompany this form.

TYPE OF APPLICATION

☐

New

☐

Renewal

SHOP TYPE

☐

Tattoo Only

☐

Body Piercing Only

☐

Tattoo & Body Piercing

☐

Other (describe) _____

SHOP INFORMATION

Name _____ Telephone # _____

Street Location _____

City / Zip Code _____

Water Supply Information: ☐ Public Chlorinated ☐ Private Chlorinated ☐ Private Unchlorinated

Sewage / Wastewater Treatment System Information: ☐ Public or ☐ Private

HOURS OF OPERATION

Days: _____ Hours: _____ to _____

Days: _____ Hours: _____ to _____

OWNER/OPERATOR INFORMATION

Name _____ Telephone # _____

Street Location _____

City / ZIP _____

E-mail _____

Briefly describe all tattoo, piercing, and/or cosmetic services to be provided.

This is to certify, under penalties of perjury, that the above described operation has Workers' Compensation and Disability Benefits coverage when required by law or that the Workers' Compensation Board has issued Form CE-200 stating that such coverage is not required. **NYS Worker's Compensation Board website:**
www.businessexpress.ny.gov *** CE-200, C-105/2, U-26.3, or SI-12 **MUST BE PROVIDED** ***

Workers' Compensation Carrier form _____ W.C. Policy No. _____ Expiration _____ / _____ / _____
 mo day yr

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

Signature _____

Printed Name _____ Date _____

[illegible]

Certification Recommended: ☐ No ☐ Yes Date Issued: ____/____/____ Date Expires: 12/31/____

Plans Submitted: ☐ Yes (date)____/____/____ ☐ No ☐ Not Applicable

Conditions of Approval:

Signature

Title

Date

\$150 Fee paid on _____ Receipt # _____