

**Application for A Permit to Operate a Tattoo/Body Piercing Facility
In Rensselaer County**

RENSSELAER COUNTY DEPARTMENT OF HEALTH
Division of Environmental Health
1600 7th Avenue
Troy, New York 12180
(518) 270-2674 or 270-2664

Permit Fee
\$175.00 – Non-Transient
\$ 50.00 – Transient/Temporary

Instructions: Type or print the required information and return the completed application at least 30 days before the first day of operation or at least 15 days prior to the expiration of the current permit. False statements on this application will result in denial or revocation of your permit.

A. Type of Application: New Renewal

B. Facility Type:
 Tattoo Body Piercing
 Temporary Tattoo Temporary Body Piercing Temporary Both

C. Facility Information

Facility Name _____

Street Location _____

City _____ Zip Code _____ Telephone No. (____) _____ - _____

Water Supply: Public Private

Sewage System: Public Private

Hours of Operation: Weekdays _____ to _____ Weekends _____ to _____

D. Owner/Operator Information

Name of Owner _____

Street Location _____

City _____ Zip Code _____ Telephone No. (____) _____ - _____

The applicant hereby agrees that the information provided herein is accurate and that the operation of a tattooing and/or body piercing facility within Rensselaer County without a valid permit is a violation of the Rensselaer County Sanitary Code.

Signature of Operator or Authorized Person _____

Section E: Partners and Corporate Officers

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer.

Name	Title	Address	Telephone No.

Section F: Workers' Compensation and Disability Insurance (All applicants must complete this section)

This is to certify, under penalties of perjury, that:

(A) the operation described in this application has Workers' Compensation and disability insurance as identified below:

Workers' Compensation carrier _____ Policy No. _____ Expiration Date _____

Disability benefits carrier _____ Policy No. _____ Expiration Date _____

OR

(B) complete the CE-200 form, and attach the completed Certificate from the **Workers' Compensation Board**.

FOR OFFICE USE ONLY

Date Received ___/___/___ Fee Received ___yes ___no Permit Expires ___/___/___

Permit Recommended ___yes ___no Permit No. _____

Signature _____ Date ___/___/___

(RCDOH Representative) (Title)

(01/09)