Schenectady County
Public Health Services

Environmental Health
107 Nott Terrace, Suite 300
Schenectady, New York 12308-3170
Phone: (518) 386-2818
Fax: (518) 386-2822

Body Art Permit Application

Please type or print ***Application must be submitted at least 30 days prior to intended date of operation***

Permit

☐ Body Art Studio ☐ Tattooist ☐ Tattooist/Body Piercer ☐ Body Piercer Only

☐ Temporary Tattooist ☐ Temporary Tattooist/Body Piercer ☐ Temporary Body Piercer

SECTION A: ESTABLISHMENT INFORMATION (Name of Studio or Temporary Event Operating within)

Name_____Phone (____)_____

Address_____
No and Street City/Town State Zip Code

County_____ Email _____

Expected Opening Date _____ Closing Date _____

Name of Owner of the establishment _____Phone (____)_____

Day(s) of Operation ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours of Operation _____ ☐ AM ☐ PM until Closing _____ ☐ AM ☐ PM

Water Supply ☐ Public ☐ Private ☐ Chlorinated ☐ Unchlorinated

Sewage System ☐ Public ☐ Private

SECTION B: OPERATOR INFORMATION (Name and permanent mailing address of applicant)

Name_____DOB_____Phone (____)_____

Nickname _____AKA_____Alias_____

Address_____
No and Street City/Town State Zip Code

Email _____Cell Phone (____)_____

SECTION C: WORKER COMPENSATION/DISABILITY INSURANCE INFORMATION

This is to certify, under penalties of perjury, that the above described operation has Worker's Compensation and Disability Coverage when required by law OR that the Worker's Compensation Board has issued Form CE-200 stating that such coverage is not required.

Worker's Compensation Carrier	W.C. Policy #	Expiration Date
Disability Benefits Carrier	D.B. Policy #	Expiration Date

Date of Form CE - 200 Exemption

CERTIFICATION: To be signed by Applicant, Owner/Operator or Corporate Officer

Name of person completing this application _____ Title _____

I certify that the information provided on this application is true.
False statements on this application are punishable under Penal Law.

Signature of Applicant _____ Date _____

Signature of Studio Owner/Operator or Corporate Officer _____ Date _____

For Office Use Only

Plans submitted ☐ **Yes Date**_____ ☐ **No** ☐ **Not Applicable**

Plans Approved By_____**Date** _____

Conditions of Approval_____

_____

_____

Approved By _____ _____ _____
Signature Title Date