

APPLICATION FOR TWO YEAR TATTOO/BODY PIERCING ARTIST CERTIFICATE

Name of Artist: _____	___new ___renewal
Address: _____	
Phone Number(s) _____	
Establishment(s) where artist has affiliation _____	
Date of Application _____	

Artists may not perform tattooing or body piercing without a valid certificate.

Tattoo/Body Piercing Artist Certificate \$100.00

Return completed application to:
 Niagara County Department of Health
 5467 Upper Mountain Road
 Lockport, NY 14094.

Please make all checks payable to Niagara County Department of Health.
 A \$20.00 service charge will be charged when a check is returned for insufficient funds.

If this application is approved, a copy will be returned to you.

The undersigned applicant hereby agrees to operate the establishment described above in complete compliance with the requirements of Chapter XVIII of the Niagara County Sanitary Code, a copy of which the applicant has received and acknowledges that he/she is acquainted with the contents.

Signature of Artist: _____ Date: _____

FOR OFFICE USE ONLY		Received by
Date Received	Amount Received	Cash M.O Check
Application valid		
From: _____ to _____		
Date of Test	Test Score	_____ %