

# APPLICATION FOR TEMPORARY (14 DAY) TATTOO/BODY PIERCING ARTIST CERTIFICATE

Name of Artist:
Address:
Phone Number(s)
Event/Location
Date(s) of Event
Date of Application

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

**Tattoo/Body Piercing Artist Certificate ..... \$25.00**

***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: \_\_\_\_\_

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