

# APPLICATION FOR TWO YEAR TATTOO/BODY PIERCING ARTIST CERTIFICATE

Name of Artist: _____				___new ___renewal
Address: _____	City: _____	State: _____	Zip Code: _____	
Phone Number(s) _____				
Establishment(s) where artist has affiliation _____				
Date of Application _____			Permit Expires: _____	

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

**Tattoo/Body Piercing Artist Certificate ..... \$140.00**  
**Re-testing Fee.....\$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.

**A late fee of 50% of the permit fee (\$50.00) is charged to all artists that do not remit their application and fee prior to the expiration of their existing certificate.**

**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>		Received by
Date Received	Amount Received	Cash M.O Check
Application valid		
From: _____ to _____		
Date of Test	Test Score _____ %	