APPLICATION FOR TEMPORARY TATTOO/BODY PIERCING ESTABLISHMENT PERMIT

Temporary Tattoo/Body Piercing establishments shall mean those which operate at fairs, festivals or expositions on a temporary basis.

Name of Establishment:			Phone Number:
Establishment Address:			
Owner/Operator:			Home Phone:
Address:	City:	State:	Zip Code:
Organization Holding Function:			
Type of Function:			
Location of Function			
Dates of Operation: From _____ To _____		Hours of Operation: From _____ to _____	

Temporary Tattoo/Body Piercing Establishment Permit …….. $100.00

Return completed application to:
Niagara County Department of Health
55 Stevens Street
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 and must be available at all events.

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 Operator: _____ Date: _____

FOR OFFICE USE ONLY		Received by
Date Received	Amount Received	Cash ☐ M.O ☐ Check ☐
Application valid From: _____ to _____		