

# APPLICATION FOR TWO YEAR TATTOO/BODY PIERCING ARTIST CERTIFICATE

|                                                     |             |                      |                       |                   |
|-----------------------------------------------------|-------------|----------------------|-----------------------|-------------------|
| Name of Artist: _____                               |             |                      |                       | ___new ___renewal |
| Address: _____                                      | City: _____ | State: _____         | Zip Code: _____       |                   |
| Phone Number(s) _____                               |             | Email Address: _____ |                       |                   |
| 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  
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.

**A late fee of 50% of the permit fee (\$70.00) 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<br>M.O<br>Check |
| Application valid          |                    |                      |
| From: _____ to _____       |                    |                      |
| Date of Test               | Test Score _____ % |                      |