

**APPLICATION FOR A NEW/RENEWAL TATTOO/BODY PIERCING SHOP CERTIFICATE OF SANITATION**

Operation of a tattooing or body piercing shop without certification is a violation of Albany County Law 4 of 1999

**PLEASE INCLUDE \$180.00 PERMIT FEE WITH THIS COMPLETE APPLICATION**

**If a plan review is required an additional \$180.00 must be included**

Type of Application:             New             Renewal    Certificate# \_\_\_\_\_

Facility Information and Mailing Address:

1.    SHOP NAME \_\_\_\_\_ email address \_\_\_\_\_  
       SHOP ADDRESS \_\_\_\_\_  
       CITY \_\_\_\_\_ NY ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

2.    Shop Type:     Tattoo             Body Piercing Shop             Temporary Tattoo  
                        Temporary Body Piercing             Temporary Both

3.    Water Supply:    A.  Public    B.  Private ( Chlorinated,  Unchlorinated)

4.    Sewage System: A.  Public    B.  Private

5.    Hours of Operation:    Weekdays \_\_\_\_\_ to \_\_\_\_\_ Weekends \_\_\_\_\_ to \_\_\_\_\_

6.    Owner/Operator Information:  
       Owner/Operator Name \_\_\_\_\_  
       Address \_\_\_\_\_ City \_\_\_\_\_  
       State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

7.    Insurance Information: One of the following forms:     C-105.2     U-26.3     SI-12     GSI-105.2  
       **AND** one of the following forms:  DB-120.1     DB-155            **OR**     Form CE-200

Copies of Workers Compensation and Disability Insurance certificates or a CE-200 Workers' Compensation form must be submitted to Albany County Health Department with your application.

Please contact your insurance agent for one of the following forms.

- Form C-105.2 – Certificate of Workers' Compensation Insurance
- Form U-26.3 – Certificate of Workers' Compensation Insurance
- Form SI-12 – Certificate of Workers' Compensation Self Insurance
- Form GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

**AND**

Please contact your insurance agent for one of the following forms.

- Form DB-120.1 – Certificate of Disability Benefits
- Form DB-155 – Certificate of Disability Benefits Self Insurance

**OR** See next page

**OR**

Form CE-200 - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. The CE-200 form can be processed electronically on-line at <http://www.wcb.ny.gov> and immediately upon completion, be able to print out a hard copy of the CE-200 that can be attached to your application. Computers are available at the Customer Service Center the New York State Workers' Compensation Board, 100 Broadway, Menands office. Paper application for the CE-200 can be obtained by writing or visiting the Customer Service Center at New York State Workers' Compensation Board, 100 Broadway, Menands, NY 12241, 1-866-750-5157.

**Albany County will not issue a permit without copies of insurance certificates as stated above.**

8. Services Provided:  
Please briefly describe all tattoos, permanent cosmetic or piercing services to be provided.

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9. The applicant hereby agrees that the information contained herein is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of person completing this form

\_\_\_\_\_  
Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day yr

10. Please mail completed application and certificate fee in the amount of \$180.00, payable to Albany County Department of Health, to:

Albany County Department of Health  
Attn: Environmental Health  
175 Green Street  
Albany, NY 12202

Office Use Only

Certification issuance recommended  No  Yes Permit # \_\_\_\_\_

Date Fee Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of Fee Received \$ \_\_\_\_\_

Date Certificate Mailed \_\_\_\_/\_\_\_\_/\_\_\_\_ Effective date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day yr