



DANIEL P. McCOY
County Executive

JAMES CRUCETTI, MD, MPH
Commissioner of Health

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
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MARIBETH MILLER, BSN, MS
Assistant Commissioner for Public Health

PATRICIA J. SNYDER, MBA
Assistant Commissioner for Finance
and Administration

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 _____
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 B. 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.

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