



Rose Mary Rahn
Director

Milton Teske, M.D.
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



BODY ART FACILITY PERMIT APPLICATION

New Renewal

Please indicate the services that will be provided at your facility:

Tattooing Body Piercing Permanent Cosmetics Branding

Name of Facility

Owner's Name

Facility Address: Street Address/City/Zip

Facility Number

Alternate Number

Applicant's Name

Mailing Address: Street Address/City/Zip

Signature

Date

Infection Prevention Control Plan has been provided:

Yes No

Category Permit Fee

Facility Registration.....\$324.00

Make checks payable to **KCEHS**. Please send in **completed** facility permit application with payment. Be aware that there will also be an annual inspection conducted by the Kings County Environmental Health Department.

Payment will not be taken until we have received all the required paperwork.

***OFFICE USE ONLY**

Facility # _____ Rec'd by # _____ Date of Payment: ____ / ____ / ____

Amt Rec'd: _____ Payment type: (1) Cash ____ (2) Check ____ (3) Credit Card: ____ Date of Check: ____

/ ____ / ____ Check/Receipt # _____

Date Approved & by Officer: _____

Date updated in EC: ____ / ____ / ____ Updated by: _____

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