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Director

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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.....\$299.45

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) Cash & Check \_\_\_\_\_ (4) Credit Card: \_\_\_\_\_

Date of Check: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Check/Receipt # \_\_\_\_\_

Date Approved & by Officer: \_\_\_\_\_

Date updated in EC: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Updated by: \_\_\_\_\_

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