



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: \_\_\_\_\_

H:\VAWEHS\FORMS\APPLICATIONS\Body Art\Tattoo Facility Registration Application 7/26/2023