



CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH – ENVIRONMENTAL HEALTH UNIT

PAUL M. WENDEL, JR.
County Executive

CHRISTINE SCHUYLER
Director of Health & Human Services
(Commissioner of Social Services/Public Health Director)

APPLICATION for Body Art Establishment Certificate of Sanitation

Operating a Body Art Establishment without certification is a violation of Article XIII of the Sanitary Code of the Chautauqua County Health District.

Instructions: Print the required information. Return completed applications to the Environmental Health Services Unit by mail or email. We are currently not accepting visitors in the building; an Environmental Health drop box is available outside the Hall R. Clothier Building. **The *ESTABLISHMENT FEE of \$300* must be included. *Body Art Establishment certificates will be issued for 2 years beginning 2023.***

TYPE OF APPLICATION

☐

New

☐

Renewal

ESTABLISHMENT TYPE

☐

Tattoo Only

☐

Body Piercing Only

☐

Tattoo & Body Piercing

☐

Other (describe) _____

ESTABLISHMENT INFORMATION

Name _____ Telephone # _____

Address _____ City / Zip _____

Mailing Address _____ City / Zip _____

ESTABLISHMENT WATER AND SEWAGE

Water Supply Information:

☐

Public

☐

Private (a well serves the individual property)

Have you discussed private water supply requirements with Chautauqua Co. staff?

☐

Yes

☐

No

Sewage / Wastewater Treatment System Information:

☐

Public Sewer

☐

Private System

OWNER/OPERATOR INFORMATION

Name _____ Telephone # _____

Mailing Address _____ City / ZIP _____

E-mail _____

Briefly describe all tattoo, piercing, and/or cosmetic services to be provided.

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

Signature

Printed Name

Date

[illegible]

Date Certification Issued: ____/____/____ Date Expires: 12/31/____

Plans Submitted: ☐ Yes (date)____/____/____ ☐ No ☐ Not Applicable

Conditions of Approval (choose pre-worded conditions or print new condition):

☐ The Private water supply must be maintained in accordance with County requirements, a bacteria sample must be submitted _____ per _____.

☐ Autoclave spore tests must be conducted monthly, unless otherwise agreed to.

CCDOH Signature

Title

Date

\$300 Fee paid on _____ Receipt # _____