

**SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
BODY ART ESTABLISHMENT PERMIT APPLICATION**

<p align="center">For Office Use only</p> <p><input type="checkbox"/> New <input type="checkbox"/> Change</p>	<p align="center">ANNUAL FEE</p> <p>\$ _____</p>	<p>For Office Use Only</p> <p>[] Classification Code</p> <p>[/ /] Issue Date</p> <p>[] Establishment I.D.</p> <p>Approved by _____</p>
<p align="center">IMPORTANT</p> <p>Complete both sides of the application. Processing will be delayed if it is incomplete or illegible. Note: A pre-operational permit-issuing inspection is required before operating. Submission and approval of plans is required if the establishment is new or remodeled.</p>		
PLEASE PRINT		USE BLACK INK ONLY

1. Name of Establishment (D\B\A)*: _____

Street _____

City _____ Zip Code: | | | | | Phone No. () -

2. Type of Ownership: Individual Corporation Non-Profit Partnership LLC (Submit proof of type of ownership)

3. New York State Certificate of Authority Number (Sales Tax No.): | | | | | | | | | | | | | | | | | | | | | |

A true copy of your Certificate of Authority to Collect Sales Tax must be submitted with this application.

4. Billing Address of Owner/Corporation: (Note: Permit renewal notifications will be sent to this address!)

Name _____

Street _____ Phone No. () -

City _____ State _____ Zip Code: | | | | |

5. Personal Mailing Address of Person Signing Application*:

Name _____

Street _____ Phone No. () -

City _____ State _____ Zip Code: | | | | |

Email address: _____

6. Corporation, LLC or Partnership Name and Mailing Address:

Name _____

Street _____ Phone No. () -

City _____ State _____ Zip Code: | | | | |

7. Water Supply: Well Water Public Water **8. Waste Disposal System:** Public (Sewers) Private (Cesspools/leaching fields)

9. Body Piercing Performed? (Check the appropriate box) Yes No

10. No. of Work Stations Used for Body Art: _____

The applicant hereby agrees to operate the body art establishment described above in compliance with the requirements of the Suffolk County Sanitary Code and hereby authorizes officials of the Suffolk County Department of Health Services to inspect any and all premises.

Signature _____

Print Name _____

Title _____ Date _____

FOR OFFICE USE ONLY

*The application must be signed by an officer of the corporation, partner or owner (See Item #5 above). The D/B/A must be completed before a permit may be processed.

(See reverse for Instructions, Fee Schedule and Insurance Information)

Provide Artist Names & Certification Information

NAME	MENTOR NAME OF APPRENTICE (if applicable)	CERTIFICATE EXPIRATION DATE	CERTIFICATE NUMBER

BODY ART PERMIT FEE. \$ 425.00

SUBMIT THE COMPLETED APPLICATION AND A CHECK OR MONEY ORDER PAYABLE TO:
THE COMMISSIONER OF HEALTH SERVICES
 VISA/MASTER CARD ACCEPTED

CHANGES OF OWNERSHIP:

Previous Name of Establishment _____

Previous Establishment Body Art Permit Number _____

REQUIRED INSURANCE INFORMATION:

Disability Insurance No. _____ Company Name _____

Workers Comp. Insurance No. _____ Company Name _____

NYS Workers Compensation Law requires that applicants submit proof of possession of Workers' Compensation and Disability Insurance coverage or an approved waiver (Form CE-200) if coverage is not provided. Contact the New York State Workers Compensation Board for requirements and applicability at 1-866-805-3630 or online at <http://www.wcb.state.ny.us/>.

The following forms **must** be provided:

1. Workers' Compensation – Form C-105.2 **OR** Form U-26.3 **OR** Form SI-12 **OR** Form GSI-105.2
2. Disability Benefits – Form DB-120.1 **OR** Form DB-155

☛ NOTE: A permit cannot be issued without this information!

INSTRUCTIONS

Item #3. Failure to submit this information may result in formal enforcement action. The New York State Department of Taxation and Finance can be reached at 1-518-457-5342 or online at <http://www.tax.ny.gov/>.

Item #4. Provide a permanent or year-round billing address to ensure receipt of your renewal application.

Return the completed application with your check or money order to the address listed below:

Suffolk County Department of Health Services
 Body Art Unit, Suite 2A
 360 Yaphank Avenue
 Yaphank, NY 11980

<http://www.suffolkcountyny.gov/Departments/HealthServices.aspx>

Questions: Call (631) 852-5900



Public Health
Prevent. Promote. Protect.

BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION
SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
BODY ART UNIT

1. Name of Establishment: _____ Phone _____

2. Address of Establishment: _____
Street Town Zip Code

3. Name of Operator: _____ Phone _____

4. Address of Operator: _____
Street Town Zip Code

5. Email address of plan review contact: _____

6. Type of operation (check all that apply):
Tattoo Shop Body Piercing Permanent Make-up or Cosmetic Tattoo located in spa/health club/salon/other business.
Temporary Event
Other (describe) _____

7. Type of Construction: New Renovation Conversion to New Use

8. Are single use disposable instruments used exclusively? Yes No
 If you answered "NO" enter the make/model of the autoclave machine (required): _____ and the make and model number of the ultrasonic machine (required) _____. Attach copies of manufacturer's specification sheets for these machines.

9. A negative spore test is required prior to the pre-operational inspection/ opening for business. Is a copy of the required negative spore test attached to this application?
Yes No

10. Identify surface finishes below. Note: Only durable, smooth and cleanable surfaces are acceptable.

AREA	FLOORS	WALLS	CEILING
WORK STATIONS			
TOILET ROOMS			
STORAGE ROOMS			
AUTOCLAVE ROOM			

11. Proposed water heater: Make & model number _____
Storage (gallons) _____ Input (BTUH or KW) _____

12. Provide the number of work station hand sinks _____, the number of toilet room hand sinks, _____, and the number of work station / autoclave area hand sinks _____.

13. Is there a basement that is used for any Body Art related activities? Yes No

14. Are there any additional floors above any Body Art related areas? Yes No

15. Public water? Yes No (If "No" submit lab analysis)(If "Yes" copy of water bill)

16. Waste (sewage) disposal system: Public (Sewers) Private (Cesspools).

IMPORTANT

Original floor plan (scaled 1/4" per 1 foot) must accompany this application.

The plans must:

- Show the outline/footprint of the store.
- Show the outline of the body art workstation(s) on separate sheet with measurements
- Show all equipment & fixtures such as counters, hand sinks, toilet rooms with fixtures, doors, knee walls, cabinets, hallways, waiting area, lobby area, water heater, client chair with in work stations, location of autoclave in separate room.
- All equipment must be clearly labeled. Describe what is to be stored in cabinets/drawers.

Permit application with fee (check or money order or Visa/ Mastercard accepted)

Provide proof of corporation (i.e. incorporation papers) and or proof of business (i.e. business certificate)

Manufacturer's cut sheets for autoclave, ultrasonic machine, chairs and all equipment (Photographs may be submitted for custom counters and cabinets).

Artist names and certificate numbers must be provided on back of permit application.

Artists must have Hepatitis B vaccine or signed declination on file with this office.

SIGNATURE _____ TITLE _____

DATE _____

OFFICE USE ONLY

PLAN APPROVED BY _____ DATE _____



BUREAU OF PUBLIC HEALTH PROTECTION – BODY ART PROGRAM
360 Yaphank Avenue, Suite 2A, Yaphank NY 11980
(631) 852-5900 FAX (631) 852-4824

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

JAMES L. TOMARKEN, MD, MPH, MBA, MSW
Commissioner

PLAN REVIEW CHECK LIST

- ___ Body Art Establishment Plan Review application
- ___ Original floor plan (1/4 inch per ft. scale)
- ___ Body Art workstation layout on a separate sheet if within another business; such as salon or spa (1/4 inch per ft. scale)
- ___ Specification sheets or photographs for all of your equipment such as but not limited to the autoclave, ultrasonic machine, cabinets, client chairs, sinks, faucets, hot water heater(s), trash cans, enclosed paper towel dispensers, and stand-alone arm rests.
- ___ Body Art Establishment Permit application with applicable fee
- ___ Suffolk County Certified Body Artists with certificate numbers
- ___ Proof of corporation/business
- ___ Proof of Public Water Supply (i.e. water bill)
- ___ A recent spore test of your autoclave with negative test results for multi-use equipment (not applicable for single-use equipment).

BE SURE TO PROVIDE ALL APPLICABLE DOCUMENTS LISTED ABOVE. FAILURE TO DO SO MAY RESULT IN A DELAY OF YOUR APPLICATION REVIEW.



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