

SECTION C: WORKER COMPENSATION/DISABILITY INSURANCE INFORMATION

This is to certify, under penalties of perjury, that the above described operation has Worker's Compensation and Disability Coverage when required by law OR that the Worker's Compensation Board has issued Form CE-200 stating that such coverage is not required.

_____	_____	_____
Worker's Compensation Carrier	W.C. Policy #	Expiration Date
_____	_____	_____
Disability Benefits Carrier	D.B. Policy #	Expiration Date

Date of Form CE - 200 Exemption		

CERTIFICATION: To be signed by Applicant, Owner/Operator or Corporate Officer

_____	_____
Name of person completing this application	Title

I certify that the information provided on this application is true.
False statements on this application are punishable under Penal Law.

_____	_____
Signature of Applicant	Date

_____	_____
Signature of Studio Owner/Operator or Corporate Officer	Date

For Office Use Only

Plans submitted Yes Date _____ No Not Applicable

Plans Approved By _____ Date _____

Conditions of Approval _____

Approved By _____	_____	_____
Signature	Title	Date



Schenectady County Public Health Services

Environmental Health

107 Nott Terrace, Suite 300

Schenectady, New York 12308-3170

Phone: (518) 386-2818

Fax: (518) 386-2822

Body Art Permit Application Required Documents

According to the Schenectady County Sanitary Code Body Art – Tattoo/Body Piercing Regulations Effective October 12, 2021, documentation of the following requirements must be submitted no later than 30 days prior to intended date of operation.

- Completed application, signed, and dated
- Blood Borne Pathogen, CPR/First Aid Certification Certificates
- CE-200 Insurance Waiver form, signed and dated
- Two (2) 2"x2" passport photos with the following requirements:

In color, white background

Full front face, both ears, eyes open, neutral facial expression, normal street attire

No teeth, mouth closed

No hats or head gear

No unusual facial expressions

No head tilting

No snapshots, mobile phone photos, or photo alterations of any kind

No shadows

OR

- Two copies of a driver's license photo taken within 3 years
- Establishments: Medical Waste Tracking Forms/ Medical Waste Company Information
- Establishments with an autoclave: Name, Make, Model and Serial Number of the autoclave
- New Establishments: To scale Floor Plan submission at least 30 days prior to construction, plan review fee of \$150
- Permit Fee: Establishment \$200 Body Artist \$185 Temporary Body Artist \$100
- Please make checks payable to **County of Schenectady**

Partial application requirements and passport photos that do not meet the requirements will not be accepted.

Payment may be made by visiting www.schenectadycounty.com.

Yearly permits issued are valid from date of approval to December 31st of each year.

Temporary permits issued are valid for one event lasting 14 days or less.

Please call (518) 386-2818 Monday through Friday from 8:30 AM to 4:30 PM with any questions.