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COUNTY OF KINGS

DEPARTMENT OF PUBLIC HEALTH

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<http://www.countyofkings.com/Health/ehs/index.htm>

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**TATTOOING, BODY PIERCING, PERMANENT COSMETICS & BRANDING
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.....\$300.00

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.

***OFFICE USE ONLY**

Facility # _____ Rec'd by # _____ Date of Payment: _____ / _____ / _____

Amt Rec'd: _____ Payment type:(1) Cash _____ (2)Check _____ (3)Cash & Check _____

Date of Check: _____ / _____ / _____ Check# _____

Date Approved & by Officer: _____

Date updated in EC: _____ / _____ / _____ Updated by: _____