



Instructions for Applying for a Tattoo License

A Tattoo License is required for an individual tattoo artist working in New York City and is designed to control and prevent the spread of infectious diseases in New York City. To obtain a Tattoo License an individual must successfully complete a three hour Infection Control Course and an Infection Control Examination conducted by the Department of Health and Mental Hygiene's (DOHMH) Health Academy.

The submission of an application for the Tattoo Artist License and registration for the Infection Control Course occur at the same time. The license will be mailed to the specific person named in the application after he or she has taken the course and passed the written examination. The license is not transferable to another person or entity.

License fees: Tattoo License - \$100. for two years, valid from the end of the month in which the applicant applied for the license. There is no convenience fee if applying in person.

Temporary Tattoo License - \$50 for a seven consecutive day period in which the license is applied for.

Training fee: Infection Control Course: \$26.

Please note that an Online Convenience Fee of 2.49% is added to all online payments. There is no convenience fee if applying in person

You may apply online or in person.

Apply On-Line

1. Go to www.nyc.gov/healthpermits, select the license for which you are applying and review the prerequisites and required supporting documents.
2. Gather all supporting documentation that must be submitted along with the application (see *Supporting Documents* and *Documentation Checklist* below).
3. Create electronic versions of your supporting documents
4. Select Apply Online and you will register an account with the NYC Online Licensing system.
5. Complete the required information online, upload your supporting documents and submit payment.
6. Payment accepted: Credit/Debit Cards only.

Apply In Person

1. Obtain an application packet by:
 - a. Calling 311 and asking for *Mobile Food Vendor License Application*.
 - b. Visit the Citywide Licensing Center at 42 Broadway
 - c. Download application forms and instructions from www.nyc.gov/healthpermits.
2. Gather all supporting documentation that must be submitted along with the application (see *Supporting Documents* and *Documentation Checklist* below).
3. Complete the Application for a Permit form and the Supplemental Forms.
4. Submit the Application form, Supplemental Forms, and all supporting documents, along with payment, to:

DCA Licensing Center, 42 Broadway, Manhattan
Hours: M, Tu, Th, Fr: 9 am – 5 pm; Th: 8:30 – 5 pm
5. Payment Accepted: Money Order, Credit/Debit Cards, Checks (no cash accepted)



Checklist of Required Documentation for Tattoo Permits

Check individual permit guidelines for additional permit-specific required documentation

Items Needed <i>Be sure the applicant's name is the same on all documents. See "Instructions for Completing an Application" for more details.</i>	Legal Business Structure		
	Individual	Partnership	Corporation or LLC
Permit Application <ul style="list-style-type: none"> All applicable sections completed Supplemental Form(s) if applicable Signed by applicant (example: owner, officer, director or shareholder) 	✓	✓	✓
Permit Fee <ul style="list-style-type: none"> See list of permit fees Credit card, money order or check payable to "DOHMH" Not-for-profits: no fee if proof of status is submitted (see below) 	✓	✓	✓
Proof of Home Address (one of the following) <ul style="list-style-type: none"> Valid driver's license or non-driver ID Current lease or mortgage statement Utility bill, bank or credit card statement dated within the last 90 days "Affidavit of Home Address" form, completed by a person living with applicant and a recent utility bill or lease in that individual's name 	✓	✓ (needed for partnership of individuals only)	
Photo Identification One government-issued ID with photo, such as: <ul style="list-style-type: none"> Driver's license or non-driver ID Alien Registration Card or Naturalization Certificate U.S. or foreign passport 	✓	✓	✓
Proof of Sales Tax Collecting Authority <ul style="list-style-type: none"> Valid original NYS Certificate of Sales Tax Authority <i>Obtain at http://www.nys-opal.com. Complete Form DTF-17 on-line or mail it to New York State Tax Department, Sales Tax Registration Unit, W A Harriman Campus, Albany, New York 12227. Takes 4-6 weeks.</i> 	✓	✓	✓
Proof of Incorporation <ul style="list-style-type: none"> Certificate of Incorporation (stamped to show it was filed with the New York State Department of State) or Filing Receipt issued by the NYS Secretary of State. <i>If located outside of New York State, obtain "Certificate of Good Standing" from your Secretary of State and file it with an application for "Authority to Conduct Business in NY State" with the NYS Department of State. You must then present this "Authority" issued by the NYS Department of State when you apply</i> 		✓ (needed for partnership of corporations or LLCs only)	✓
Payment of Outstanding Fines for DOHMH Violations (if any) <ul style="list-style-type: none"> <u>Certified</u> check, credit card or money order payable to "OATH Health Tribunal" (in person payment) or pay online with credit or debit card 	✓	✓	✓
Proof of Not-for-Profit Status (if applicable)* <ul style="list-style-type: none"> Letter from the IRS stating not-for-profit status* 		✓	✓
Power of Attorney or Authority to Act Affidavit (if applicable) <ul style="list-style-type: none"> If someone else will turn in the application for you 	✓	✓	✓



Instructions for Completing the Standard Application

New York City Health Code, Section 3.19 states: “No person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report, or other document required to be prepared pursuant to this Code. No person shall make a false, untrue or misleading oral statement to the Department as to any matter investigated by the Department.”

NOTE: Any form with alterations, corrections, whiteout, etc., will not be accepted.

Complete all sections of the application. If completing it by hand, please use ink and write in **CAPITAL LETTERS**.

1. License or Permit Name

- Enter the name of the permit or license you want to obtain.

2. Section A

- Enter the individual owner’s name, or all partners’ names or corporation name in the box labeled “Name of Corporation, partnership or individual owner” (the permit will be issued to the corporation, partnership or person named here)
- Enter the name of the establishment in the space labeled “Trade Name/DBA”
- Provide the address where the establishment will be located. Please include in the space labeled “Premises Location” the floor, booth number, or store number where the establishment is to be located.
- Enter the establishment’s telephone, fax and the email address (if any).
All correspondence sent by email will be sent to this address.
- Provide your date of birth, if applying as an individual

3. Section B

- Enter the date you expect to start operating.

4. Section C

- Enter your New York State Tax Authority ID #. If applying as an individual, also enter your Social Security Number. If you do not have a Social Security number, you may use an Individual Tax Identification Number (ITIN)

5. Section D

- Enter the mailing address if it is different from where the establishment is going to be located. All correspondence sent by mail will be sent to this address.

6. Section E

- Enter the name, home address, zip code, phone number, email address and title of the owner/all partners in the business/all principal officers in the corporation

7. Section F

- This section is required for Mobile Food Vendor permittees. It is not required for Tattoo licenses nor Mobile Food Vendor licensees.

8. Signature

- Sign the application.
 - *Note: the person who signs the Application must be named in Section E.*
- Enter the title and telephone number of the person who signed the Application for Permit
- Indicate whether the applicant is 18 years of age or older.
 - *Note: applicants must be older than 18 years of age.*

STANDARD APPLICATION FOR NEW LICENSE OR PERMIT



FOR OFFICE USE									
CAMIS/ACCELA NUMBER					LICENSE/PERMIT NUMBER				
					TYPE		NUMBER		
					H				
EXPIRATION DATE					FEE AMOUNT	DOLLARS		CENTS	FEE CLASS/SUBCLASS
MO	DAY	YEAR							
					▶				

APPLICATION DATE		
MONTH	DAY	YEAR

NAME OF LICENSE/PERMIT
 (For detailed instructions on what is needed to apply please go to Business Express at <http://www.nyc.gov/businessexpress>)

IMPORTANT: Please type or print legibly in ink using capital letters. Allow spaces between completed words or numbers. Standard abbreviations are permitted. All section must be completed in ink.

SECTION A – NAME, ADDRESS AND CONTACT INFORMATION OF ENTITY TO WHICH LICENSE/PERMIT IS TO BE ISSUED

This contact information will be used by the Department in the case of an emergency.

READ CAREFULLY: Enter the corporate name and location of business establishment. If not incorporated, enter your name(s) and location of business establishment.

NAME OF CORPORATION, PARTNERSHIP, PARTNERS OR INDIVIDUAL OWNER (Last Name First)				TELEPHONE NUMBER			
				(AREA CODE)			
TRADE NAME/Doing Business As (DBA)				FAX NUMBER			
				(AREA CODE)			
BUILDING NUMBER	STREET			PREMISES LOCATION (FLOOR, STORE #, BOOTH #)			
CITY OR TOWN			STATE	ZIP CODE		E-MAIL ADDRESS	
DATE OF BIRTH (If applying as an individual)			MONTH	DAY	YEAR	OPTIONAL	
						GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	What language do you speak? _____

I agree to receive all official notices from the Department of Health only by **email** at the **email** address provided in this application form. An official notice is any correspondence from the Department of Health that requires a response by a date certain. These include, but are not limited to, permit or license renewal notices; notices of fines or fees owed; collection letters and Dunning Notices, and Notices of Violations.

I would like to receive Department of Health publications, including information about new regulations, newsletters, fact sheets and other educational material, only by **email** at the **email** address provided in this application form.

SECTION B – DATE EXPECTED TO OPEN/START OPERATING			SECTION C – NYS SALES TAX ID#				SOCIAL SECURITY NUMBER (If applying as an individual)				ITIN NUMBER (If no SSN and applying as an individual)			
MONTH	DAY	YEAR												

SECTION D – MAILING ADDRESS, IF DIFFERENT FROM PERMITTED/LICENSED ESTABLISHMENT'S ADDRESS (INCLUDE APARTMENT #, PO BOX #)

STREET ADDRESS

CITY OR TOWN

STATE

ZIP CODE

CITYWIDE LICENSING CENTER – DEPARTMENT OF HEALTH AND MENTAL HYGIENE – 42 BROADWAY, NEW YORK, NY 10004

SECTION E – LIST NAMES (LAST, FIRST) OF OWNER – PARTNER – CORPORATE OFFICERS

1	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
2	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
3	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
4	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE

SECTION F

ALL APPLICANTS MUST COMPLETE THE WORKERS' COMPENSATION AND DISABILITY BENEFITS INSURANCE INFORMATION REQUESTED BELOW **AND** PROVIDE COPIES OF PROOF OF CURRENT INSURANCE.

YOUR APPLICATION FOR A PERMIT WILL NOT BE ACCEPTED IF YOU DO NOT COMPLETE THIS SECTION AND PROVIDE THIS INFORMATION AND PROOF.

Please check the appropriate box:

The business described in this application has Workers' Compensation and Disability Benefits Insurance as identified below:

Workers' Compensation Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

Disability Benefits Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

OR

Form CE-200 was submitted to the Worker's Compensation Board stating such coverage is not required for this business and a copy with the New York State-assigned Exemption Certificate Number is attached.

Certificate Number: _____ Issuance Date: _____

Form CE-200 attesting to an exemption of this requirement can be found at <http://www.wcb.ny.gov>

Legal reasons for an applicant to qualify for this exemption are listed on Form CE-200. Please review Form CE-200 to see if your business qualifies for this exemption and is not required to obtain Workers' Compensation and Disability Benefits Insurance.

By signing this application for a permit, I agree that I will comply with provisions of the Health Code and other laws that apply to the permitted activity, and that all the statements made in this application are true and complete. Making a false statement is an offense punishable by fines, imprisonment or both. (NYC Administrative Code § 10-154.)	TITLE	ARE YOU 18 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	SIGNATURE OF BUSINESS OWNER, PARTNER, OR CORPORATE OFFICER SIGN HERE ➤	

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?

YES NO

Applying, or declining to apply, to register to vote will not affect the amount of assistance you will be provided by this agency. If you would like help in filling out the voter registration application, we will help you.

CITYWIDE LICENSING CENTER – DEPARTMENT OF HEALTH AND MENTAL HYGIENE – 42 BROADWAY, NEW YORK, NY 10004



New York City Licensing Center

42 Broadway, New York, New York 10004

Telephone: 311

Affidavit of Home Address

This form is to be completed only by the person with whom you (the applicant) live. It should also be signed by you where indicated. You must bring this form *with* a recent utility bill or lease in the name of that individual.

(Please type or print legibly)

TO: **Citywide Licensing Center**
42 Broadway
New York, NY 10004

(Enter name of the person with whom the applicant lives - must be the same as on the utility bill or lease)

residing at _____
(Street Address, Borough, State and Zip code)

states that: _____
(Enter name of the person applying for permit/license)

is my _____ and lives with me at the above address.
(Relationship to applicant, e.g., wife, husband, sister, brother, mother, father, son, daughter, aunt, uncle, cousin, friend)

_____ SIGNATURE <i>(Note: This name must match the name on the accompanying utility bill or lease.)</i>	_____ PRINT NAME <i>(Note: This name must match the name on the accompanying utility bill or lease)</i>
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I _____ attest to the truth of the above information.
Print name of applicant

SIGNATURE OF APPLICANT *

* Please note that submitting false or misleading information is a violation of Section 3.19 of the New York City Health Code and may be prosecuted civilly or criminally as a misdemeanor. It may also result in the revocation of any license or permit issued.



New York City Licensing Center
 42 Broadway, New York, New York 10004
 Telephone: 311

Uniform Granting Authority to Act Affirmation

_____ affirms the truth of the following:
 (Applicant Name)

1. I am the _____ of _____
 (State relationship to business) (Name of business as it appears on the Certificate of Partnership and/or Business)

which is located at _____ and
 (Street Address, Borough, State, and Zip Code)

whose phone number and email address are _____ and _____
 (Area code & Number) (Email address)

2. I hereby authorize _____ of _____
 (Full name of designated representative) (Full name of representative's business)

who maintains an office/resides at _____
 (Street Address, Borough, State, and Zip Code)

and whose telephone number and email address are _____ and _____
 (Area code & Number)

_____ to represent me before the license, permit, or certificate issuing
 (Email address)

Agency in regard to the preparation and submission of my application for a license/permit

 (License/Permit/Certificate Category)

3. I understand that I will be legally bound by the representations made in said applications and will be held responsible by the license, permit, or certificate issuing Agency for any inaccuracies or misrepresentations.

4. I understand that I may revoke/withdraw the Authority to Act being submitted in connection with this application for a license, permit, or certificate in person by appearing at the Citywide Licensing Center prior to the date of the submission of the permit (license) application and informing the Director of the Citywide Licensing Center of this decision (The office of the Citywide Licensing Center is located at 42 Broadway, New York, NY 10004). I also understand that in the alternative I may notify the Citywide Licensing Center in writing of the revocation/withdrawal of this authority to act on my act.

 SIGNATURE

 PRINT NAME

Date: _____



TATTOO LICENSE FEES

Payment methods: Personal Check (accepted only when applying in person), Certified Check (made payable to the New York City Department of Health & Mental Hygiene; accepted only when applying in person), Money Order (made payable to the New York City Department of Health & Mental Hygiene; accepted only when applying in person). Payment by credit card (American Express, Discover, MasterCard or Visa) require a convenience fee of 2.49%

- Infection Control Course Fee: \$26 fee (payment must be separate from the license fee)
- Temporary Tattoo Artist License Fee: \$50 for a seven consecutive day period in which the license is applied for.
- Tattoo License Fee: \$100.00 for two years, valid from the end of the month in which the applicant applied for the license. There is no convenience fee if applying in person



Instructions for Completing an Application for an Initial Tattoo License

New York City Health Code, Section 3.19 states: “No person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report, or other document required to be prepared pursuant to this Code. No person shall make a false, untrue or misleading oral statement to the Department as to any matter investigated by the Department.”

NOTE: Any form with alterations, corrections, whiteout, etc., will not be accepted.

Complete all sections of the application. If completing it by hand, please use ink and write in CAPITAL LETTERS.

1. Application date:

- Write the application date in a 2 digit month, 2 digit day and 2 digit year format.

2. Licensee Name:

- Write your last name first, then your first name, then your middle name.

3. Type of License:

- Put a check mark in the box Two Year if the type of license you are applying for is a Two Year license.
- Put a check mark in the box Temporary if the type of license you are applying for is a Temporary license.

4. You must answer the following question:

- Put a check mark in the yes box if you have been convicted of criminal tattooing of a minor in violation of section 250.21 of the New York State Penal Law within the past year.
- Put a check mark in the no box if you have not been convicted of criminal tattooing of a minor in violation of section 250.21 of the New York State Penal Law within the past year.

5. Email Affirmations:

- Check the corresponding box if you want/don't want all official notices sent to you only by email.
- Check the box corresponding if you want/don't want to receive publications from the Health Department by email.

6. You must read the last two paragraphs regarding good health practices.

