

Dear Applicant:

This packet has been developed to serve as a guide for body art establishments registered by the Erie County Department of Health (ECDH) that are undergoing new construction, renovation, alteration, and change of ownership. Establishments must comply with Erie County Ordinance Number 152, 2008 – Regulations Governing Operation and Conduct of Body Art Establishments.

The first step in obtaining a license is to have ECDH approve the establishment's water supply and sewage disposal system.

The enclosed application must be fully completed and returned to ECDH with all necessary accompanying documentation. The application must be reviewed and approved by ECDH **before** construction, remodeling, alteration, and change of ownership.

Your submitted application must include the following:

- Fully completed application
- Floor plans
 - Include the entire facility/premises
- Proof of completion of a bloodborne pathogen course approved by the ECDH
 - Each artist must provide proof of completion
- A copy of contract with infectious waste transporter
- A copy of monthly spore testing contract and documentation of autoclave performance
- A copy of the consent form and aftercare instructions
- Registration fee: \$110 for registration
 - Registration valid January 1 to December 31
 - Fee is nonrefundable
 - Checks can be made payable to "Erie County Department of Health"

Incomplete applications will not be processed.

Submit the application to:

Erie County Department of Health
Environmental Division
606 West Second Street
Erie, PA 16507

For questions or assistance please contact:

Erie County Department of Health
Phone: 814-451-6700
Fax: 814-451-6775

Ordinance Number 152, 2008 can be viewed at:

www.ecdh.org/tattoo-body-piercing.php/Tattoo-regulations/401/2144/441/1278

A list of Pennsylvania licensed infectious waste transporters can be viewed at:

<http://files.dep.state.pa.us/Waste/Bureau%20of%20Waste%20Management/WasteMgtPortalFiles/SolidWaste/ICWTransporterlist.pdf>

Body Art Establishment Registration Form

Section A – Establishment Information

Name of Establishment
Address
Zip
Phone ()

Section B – Owner Information

Owner's Name
Address
Zip
Phone ()

Where should future correspondence be mailed? <input type="checkbox"/> Establishment address in Section A <input type="checkbox"/> Establishment address in Section B
Type of Establishment: <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Both
Have all current body art operators attended a bloodborne pathogen course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____

Have City/Township/Borough zoning requirements been met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have City/Township/Borough code requirements (electrical, plumbing, building, etc.) been met? <input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Water Supply

Municipal <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/>
Is disinfection provided? <input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Sewage Disposal

Municipal <input type="checkbox"/> On-Lot Septic <input type="checkbox"/> Small Flow Treatment <input type="checkbox"/> On Site Sewage Treatment Plant <input type="checkbox"/>

A \$110.00 registration fee must be submitted with this registration form. Fee is nonrefundable. Make checks payable to "**Erie County Department of Health.**" Submit form and fee to:

Erie County Department of Health
Environmental Health Services
606 West Second Street
Erie, PA 16507

Telephone: 814/451-6700
Fax: 814/451-6775
Website: www.ecdh.org

A certificate of registration will not be issued until the establishment is in compliance with the ordinance.

Application is hereby made for a certificate of registration to operate a body art establishment. By this application it is agreed that the establishment will comply with all applicable ordinances, regulations and policies, including the requirement that I contact the Erie County Department of Health before starting any construction, renovations or major equipment purchase. It is further agreed that said establishment shall be open to inspection by the Erie County Department of Health. I also understand that the license issued is NOT TRANSFERABLE. I also understand that any false representation is subject to penalty under 18 Pa. C.S. §4903 and 4904.

Signature: _____

Title: _____

Date: _____