

Dear Applicant:

This packet has been developed to serve as a guide for body art establishments licensed 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 33, 2016 – Body Art Establishment Regulations.

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
- Application fee: \$130
  - Checks can be made payable to "Erie County Department of Health"
  - **LATE SUBMITTAL:** Any application submitted within seven days prior to the opening of the business is subject to an additional \$25.00 rush fee.

### **Incomplete applications will not be processed.**

Note: A separate license fee will be due after facility has been inspected and approved to operate.

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 33, 2016 can be viewed at:

<http://www.eriecountypa.gov/councildocs/ordinances/2016-33.pdf>

**APPLICATION FOR ANNUAL LICENSE TO OPERATE A BODY ART ESTABLISHMENT**

**Instructions:** Please complete all pages of the application. Send the completed application to the Erie County Department of Health, 606 West Second Street, Erie, Pennsylvania 16507

**Note:** A license will not be issued until the following requirements are met:

- The license application is fully completed;
- Application fee has been submitted;
- Plans have been reviewed and approved by the Department prior to construction;
- The facility complies with all applicable regulations during the license inspection; and
- License fee is received in person (or by mail) prior to the opening date.

**Section A – Establishment Information**

**Name of Establishment**

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**Address**

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**Zip**

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**Phone (      )** **Hours:**

**Section B – Owner Information**

**Owner’s Name**

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**Address**

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**Zip**

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**Phone (      )** **Email:**

Where should future correspondence be mailed?

Establishment address in Section A       Establishment address in Section B

Body Art Performed:     Tattooing       Body Piercing       Both

Have all current body art operators completed a bloodborne pathogen course?     Yes     No

Comments: \_\_\_\_\_

Have City/Township/Borough zoning requirements been met?       Yes     No

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Have City/Township/Borough code requirements (electrical, plumbing, building, etc.) been met?       Yes     No

**Type of Water Supply**

Municipal       Drilled Well       Dug Well

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If not municipal, is disinfection provided?     Yes     No

**Type of Sewage Disposal**

Municipal     On-Lot Septic     Small Flow Treatment     On Site Sewage Treatment Plant

A license will not be issued until the establishment is in compliance with the ordinance.

Application is hereby made for a license 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 the Erie County Department of Health be contacted 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, that the license issued is NOT TRANSFERABLE and any false representation is subject to penalty under 18 Pa. C.S. §4903 and 4904.

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_