# ROCKLAND COUNTY HEALTH DEPARTMENT
# CENTER FOR ROCKLAND CODES INVESTIGATIONS

**2022 APPLICATION FOR PERMIT TO OPERATE A LIMITED BODY ART ESTABLISHMENT IN ROCKLAND COUNTY**

PURSUANT TO THE RC SANITARY CODE, ARTICLE XVI, COMPLETE ALL ITEMS THAT APPLY TO YOUR ESTABLISHMENT, SIGN ON THE BACK PAGE AND RETURN WITH A CHECK OR MONEY ORDER MADE PAYABLE TO THE **COMMISSIONER OF FINANCE** IN THE AMOUNT OF **$135.00** AT LEAST 30 DAYS PRIOR TO THE PERMIT EXPIRATION DATE TO:

**ROCKLAND COUNTY HEALTH DEPARTMENT**
**CENTER FOR ROCKLAND CODES INVESTIGATIONS**
**ATTENTION: SUE AUGUSTONI**
**50 SANATORIUM ROAD, BUILDING D**
**POMONA, NEW YORK 10970**

## SECTION A: LIMITED ESTABLISHMENT INFORMATION

**(ALL APPLICANTS MUST COMPLETE THIS SECTION)**

NAME: _____

ADDRESS: _____ TOWN: _____ STATE: _____ ZIP CODE: _____

BUSINESS TELEPHONE: _____

MUNICIPALITY: _____ ☐ TOWN ☐ VILLAGE

WATER SUPPLY:

☐ PUBLIC (MUNICIPAL)

☐ PRIVATE (ON-SITE)

SEWAGE SYSTEM:

☐ PUBLIC (MUNICIPAL)

☐ PRIVATE (ON-SITE)

DAYS OF OPERATION: ☐ SU ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ SA

HOURS OF OPERATION: _____ ☐ AM (OPEN) _____ ☐ PM (CLOSE)

LIST ALL LIMITED BODY ART PRACTITIONERS AND EMPLOYEES: (add a separate sheet of paper if necessary)

| **LEGAL NAME** | **Practitioner TRADE NAME** | **CAPACITY: pierce, reception** | **CONTACT NUMBER** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

PRESTERILIZED SINGLE USE STUD-AND-CLASP EAR PIERCING SYSTEM MANUFACTURER: _____
MODEL #: _____ MODEL YEAR: _____ SERIAL # _____
NEW LIMITED ESTABLISHMENT EXPECTED OPENING DATE: _____ MUST ATTACH FLOOR PLAN

## SECTION B: OPERATOR/OWNER INFORMATION

**(ALL APPLICANTS MUST COMPLETE THIS SECTION)**

LEGAL OPERATOR OR OPERATING CORPORATION: _____
**(IF CORPORATION OR PARTNERSHIP, SECTION C MUST BE COMPLETED)**

PERSON IN CHARGE: _____

PERMANENT ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____ TELEPHONE NUMBER: _____

EMPLOYER ID. NO.: _____ OR SOCIAL SECURITY NO.: _____

OWNER OF BUILDING: _____

PERMANENT ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____ TELEPHONE NUMBER: _____

## SECTION C: PARTNERS AND CORPORATE OFFICERS

LIST ALL PARTNERS AND CORPORATE OFFICERS IN THE OPERATION OF THE FACILITY. INCLUDE VICE PRESIDENT(S), SECRETARY, AND TREASURER. ATTACH ADDITIONAL SHEETS AS NECESSARY.

| NAME | TITLE | ADDRESS | TELEPHONE NUMBER |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## SECTION D: WORKERS' COMPENSATION & DISABILITY INSURANCE

**(ALL APPLICANTS MUST COMPLETE THIS SECTION)**

THIS IS TO CERTIFY, UNDER THE PENALTIES OF PERJURY, THE OPERATION DESCRIBED IN THIS APPLICATION HAS WORKERS' COMPENSATION & DISABILITY BENEFITS COVERAGE REQUIRED BY LAW:

WORKERS' COMPENSATION CARRIER: _____
WORKERS' COMPENSATION POLICY #: _____ EXPIRATION DATE: _____

DISABILITY BENEFITS CARRIER: _____
DISABILITY BENEFITS POLICY #: _____ EXPIRATION DATE: _____

**OR**

☐ A REPRESENTATIVE OF THE WORKERS' COMPENSATION BOARD HAS ENDORSED FORM WC/DB-100 OR FORM WC/DB-101 STATING THAT SUCH COVERAGE IS NOT REQUIRED.

## SECTION E: SIGNATURE

**(ALL APPLICANTS MUST COMPLETE THIS SECTION)**

I HEREBY ACKNOWLEDGE THAT I RECEIVED, READ AND UNDERSTAND THE REQUIREMENTS OF THE ROCKLAND COUNTY SANITARY CODE, ARTICLE XVI, BODY ART, INCLUDING THAT A PERMIT IS NOT TRANSFERABLE. FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER PENAL LAW. FAILURE TO SIGN THIS FORM MAY DELAY ISSUANCE OF YOUR PERMIT TO OPERATE. OPERATION WITHOUT A VALID PERMIT IS A VIOLATION OF THE ROCKLAND COUNTY SANITARY CODE.

SIGNATURE OF INDIVIDUAL OPERATOR OR AUTHORIZED OFFICIAL: _____

PRINT NAME OF PERSON SIGNING APPLICATION: _____

TITLE: _____

DATE: _____

## FOR OFFICIAL USE ONLY

PERMIT ISSUANCE RECOMMENDED? ☐ YES ☐ NO

PERMIT EFFECTIVE DATE: _____ PERMIT EXPIRATION DATE: _____

CONDITIONS OF APPROVAL? ☐ YES ☐ NO

BODY ART

SIGNATURE: _____ TITLE: _____ DATE: _____