



OFFICE OF THE CITY CLERK

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Application for a **Tattoo Parlor License** in accordance with the provisions of Chapter 264 of the Code of the City of Oneonta, New York.

Please Note: Applicant must submit proof of inoculation and such boosters that may be necessary to provide protection against the Hepatitis B virus.

Name of Applicant: _____ Date of Birth: _____

Address of Applicant: _____

Phone: _____ Fax: _____ Email: _____

Location of premises at which tattooing will be conducted: _____

Type of piercing equipment to be used: _____

Professional training and qualifications of applicant: _____

Applicable certifications issued from appropriate state and federal agencies: _____

Has applicant ever been convicted of a felony or misdemeanor? _____ If yes, provide details below:

Please list all employees performing tattooing under this license and include proof of inoculation and such boosters that may be necessary to provide protection against the Hepatitis B virus (use additional page if necessary):

Name of Employee	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(over)

Application must be accompanied with proof of General Liability Insurance for the tattooing establishment in the minimum amount of \$100,000.00.

Date of Application: _____ Signature of Applicant: _____

Applicant must submit two photographs of the applicant taken within 30 days prior to the Date of Application.

Applicant must complete the Release of Records form on the next page and return with application.

FOR CLERK'S OFFICE USE ONLY

Fee of \$125.00 accepted by Clerk's Office personnel on _____ Initials: _____

Approved: ___ Disapproved: ___ Clerk/Deputy Clerk Signature: _____

Date of Approval: _____ License # Assigned: _____

Form Revised: April 2014

RELEASE OF RECORDS

To: Any Court of Law, Probation Department, Credit Bureau, Educational Institution, Medical Institution or Hospital, Physician, any employee, past or present, friends, neighbors, or United States Selective Service System:

I, _____, having made application with the City of Oneonta for a license to conduct a **Tattoo Parlor Business** in the City of Oneonta in accordance with Chapter 264 of the Code of the City of Oneonta, do hereby authorize the City of Oneonta to obtain any records or information regarding my license application. Said information will include but not be restricted to arrest and conviction records, including arrest records which have been sealed by the orders of the Court pursuant to provisions of the law, credit records, reference information and school records.

Signed: _____

Address: _____

Date of Birth: _____

Social Security #: _____

Neither a prior conviction nor a pending criminal charge is an automatic bar to issuance of a license. Each case is considered on its own merits.

Sworn and subscribed to before me this _____ day of _____, _____

Notary Public