



OFFICE OF THE CITY CLERK

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An application to conduct a **Body Piercing Business** in the City of Oneonta in accordance with the provisions of Chapter 78 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 body piercing will be conducted:

Type of piercing equipment to be used:

Location of body where piercing will be performed (e.g., ears only, face only, etc.):

Method of sterilization or disinfection used by applicant on piercing equipment and customers:

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

Please list all employees performing body piercing 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 Body Piercing establishment in the minimum amount of \$100,000.00.

Date of Application: _____ Signature of Applicant: _____

Applicant must complete the Release of Records form and return it with this application.

INCOMPLETE PACKETS WILL NOT BE ACCEPTED.

FOR CLERK'S OFFICE USE ONLY

Non-Refundable Application 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: September 2017