



Cattaraugus County Health Department

Environmental Health Division - Body Art Program

716-701-3386

**Application for Permit to Operate
a Body Art Establishment**

Pursuant to SCCCHD 29.4.1



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

Establishment Information:

1. Establishment Name: _____

2. Mailing Address: _____

3. City: _____

4. State: _____ 5. Zip Code: _____

6. Physical Address (if different from mailing address): _____

7. Municipality (C/T/V): _____

8. Business Phone #: _____ 9. Business Fax #: _____

10. Business Email: _____

(Please list a valid email address used for business purposes. Written correspondence may be delivered to the primary contact email address listed above.)

11. Hours of Operation:

	DAYS OF WEEK						
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
HOURS							

12. Primary Contact Name: _____

13. Primary Contact Title: _____

14. Practitioners and Employees: *(Enter ALL current Body Art Practitioners at the establishment. Provide additional sheets if necessary.)*

Legal Name	Practitioner Certificate Number

15. Autoclave Information (if provided at the establishment):

a. Manufacturer: _____
b. Model #: _____ c. Model Year: _____ d. Serial #: _____

16. Water Supply (please check): Public (municipal) Private (onsite)

17. Anticipated Opening Date (for new establishments): _____

18. Floor Plan Attached (for new establishments): Yes No

Owner Information:

19. Legal Operator/Operating Corporation: _____
(If corporation or partnership, you must complete the "Partners and Corporate Officers section below.)
20. Mailing Address: _____
21. City: _____
22. State: _____ 23. Zip Code: _____
24. Telephone #: _____
25. Email Address: _____
26. Employer ID # or Social Security # : _____

Partners and Corporate Officers Information:

Name	Title	Legal Address (address for serving documents)	Phone #	Email Address

Workers' Compensation and Disability Insurance Certification:

Workers' Compensation and Disability Insurance is **REQUIRED** for all employers, unless the employer attests that the business is exempt. Check the appropriate lines and submit copies of the following documentation with the application to document compliance with the NYS Workers' Compensation Law:

- A. Workers' Compensation and Disability Insurance Coverage Provided
 - Workers' Compensation
 - Form C-105.2 – Certificate of Workers' Compensation Insurance OR
 - Form U-26.3 – Certificate of Workers' Compensation Insurance OR
 - Form SI-12 – Certificate of Workers' Compensation Self-Insurance OR
 - Form GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance
 - Disability Insurance
 - Form DB-120.1 - Certificate of Disability Benefits OR
 - Form DB-155 – Certificate of Disability Benefits Self-Insurance
- B. Workers' Compensation and Disability Insurance Coverage NOT Provided
 - Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

Web application: http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp
 Instructions: <http://www.wcb.ny.gov/content/main/forms/CE200Instructions.jsp>

Owner Acknowledgement and Signature:

False statements made on this application are punishable under NYS Penal Law. Failure to sign or fully complete this application may delay or prevent issuance of your permit to operate. Operation of a Body Art Establishment without a valid permit is a violation of the Sanitary Code of the Cattaraugus County Health District.

"I hereby acknowledge that I received, read and understand the requirements of Sanitary Code of the Cattaraugus County Health District, Part 29 – Body Art and will operate this establishment in accordance with all legal requirements."

Signature of Owner/Authorized Representative *Printed Name of Establishment Owner/Authorized Representative* *Date*

FOR CCHD STAFF USE ONLY

Staff Approval: YES NO YES, with conditions listed below

Signature: _____ Date: _____
 Permit Effective Date: _____ Permit Expiration Date: _____



CATTARAUGUS COUNTY HEALTH DEPARTMENT



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SPECIAL NOTICE

New York State Workers' Compensation/Disability Benefits Insurance Requirements

Effective December 1, 2008, the New York State Workers' Compensation Board (WCB) has replaced Form WC/DB-100 (previously used to demonstrate exemption from WC/DB insurance requirements) with the new Certificate of Exemption (Form CE-200). Consequently, every permittee MUST EITHER:

A) Provide current insurance policy information (see application section G)

OR

B) File a current Certificate of Exemption (CE-200) form with your Department of Health permit application.

Failure to provide complete and accurate information about Workers' Compensation/Disability Insurance, or proof of exemption, will preclude the Health Department from issuance/renewal of your permit. Current forms must be attached to your application each year or the permit will be denied in accordance with the New York State Workers' Compensation Law (NYSWCL).

An overview that clarifies the requirements and the CE-200 exemption form can be found on the WCB website (www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp). New instructions for obtaining a certificate of exemption through the NY Business Express website are printed on the reverse side of this notice.

If you have questions or need assistance you must call 1-877-632-4996.

The majority of these forms will be processed electronically. Applicants with internet access must complete the questionnaire online and print a copy of the CE-200 exemption to enclose with your permit application. Applicants without internet access should call the help line number above to request a paper form for mailing. However, be advised that mail applicants may wait up to four weeks before receiving their approved CE-200 form. To avoid delays, ALL applicants are strongly encouraged to use the online form. Therefore, if you do not have a computer with internet access, we suggest you visit your local public library to use one.

Certificate of Exemption



Workers'
Compensation
Board

Instructions for obtaining and filing a Certificate of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log-in/Register** in the top right hand corner.
3. If you do not have an NY.gov account, go to [step 4](#) to set up your account.
If you have an NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - If you already have an NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is an NY.gov Individual account, select **Continue**.
 - If the account(s) shown is an NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - Select **Continue**.
10. An activation email will be sent.
 - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - Specify three security questions.
12. Select **Continue**.
13. Create a password (must contain at least eight characters).
14. Select **Set Password**.
 - You have successfully activated your NY.gov ID.
15. Select **Go to MyNy**.
 - At the top of the screen select **Services**.
 - Select **Business**.
 - Select **New York Business Express**.
 - Select **Login/Register**.
16. On the New York Business Express Home Page:
 - Scroll down to Top Requests and select **Certificate of Attestation, or**
 - Search Index A-Z for **CE-200**.
17. Select **How to Apply**:
 - Select **Apply as a Business, or**
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
18. Complete application screens.
19. Review Application Summary.
20. Attest and submit.

You will receive an email when your application has been Issued/Approved.

To view your certificate:

- Click **Access Recent Activity** from your email, or
- Access businessexpress.ny.gov, and then access your **Dashboard** (under your Log-In name on right).

Print and **sign** the **Exemption Certificate**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.