

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE TODAY? YES NO

Applying, or declining to apply, to register to vote will not effect the amount of assistance that you will be provided by this agency. If you would like help in filling out the voter registration application, we will help you.

APPLICATION FOR TATTOO LICENSE

FALSIFICATION OF ANY STATEMENT MADE HEREIN IS AN OFFENSE PUNISHABLE BY A FINE OR IMPRISONMENT OR BOTH, (N.Y.C. ADMINISTRATIVE CODE 1151-9.0)

FOR OFFICE USE

CAMIS NUMBER	TYPE	LICENSE NUMBER	CLASS	FEE	APPLICATION DATE (MM/DD/YYYY)	LICENSE ISSUE DATE (MM/DD/YYYY)	
TYPE OF LICENSE ➤ <input type="checkbox"/> TWO-YEAR <input type="checkbox"/> TEMPORARY						STAFF INITIALS	DATE COMPLETED (MM/DD/YYYY)

THE UNDERSIGNED MAKES THE FOLLOWING STATEMENTS IN ACCORDANCE WITH PROVISIONS OF THE HEALTH CODE:

IMPORTANT: Please type or print legibly using capital letters. Allow spaces between completed words or numbers. Standard abbreviations are permitted. All sections must be completed.

Have you been convicted of criminal tattooing of a minor in violation of section 250.21 of the New York State Penal Law within the past year? YES NO

SECTION A – APPLICANT INFORMATION

NAME OF INDIVIDUAL (Last Name, First Name, Middle Name (Optional), Suffix (Optional))

DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER OR INDIVIDUAL TAX IDENTIFICATION NUMBER
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SECTION B – HOME ADDRESS

BUILDING	STREET	APT/FLOOR
CITY OR TOWN	STATE	ZIP CODE
HOME TELEPHONE NUMBER (And Extension – Optional)	E-MAIL ADDRESS	

Residence at another person’s address

Do you receive mail sent in your name or in care of someone else at the home address entered above? My name In care of someone else

Name under which you receive mail (in care of someone else, if applicable)

First Name	<input type="text"/>
Middle Name (optional)	<input type="text"/>
Last Name	<input type="text"/>
Suffix, e.g., Jr., Sr., Esq., etc.	<input type="text"/>
Relationship of this person to you	<input type="text"/>

SECTION C

INFECTION CONTROL COURSE (Registered for): _____ DATE _____ TIME _____

SIGNATURE OF APPLICANT	PRINT NAME ➤
SIGN HERE ➤	