



Instructions and Application Form for a Philadelphia Body Art Establishment Certificate

1. Philadelphia Body Art Establishments approved by the Philadelphia Department of Public Health must have a valid, official Philadelphia Department of Public Health Body Art Establishment Certificate (Certificate) provided at all times.
2. The Certificate must be posted at the Body Art Establishment where the public can easily view it.
3. Certificates are valid for one (1) year, after which the establishment must apply for a renewed certificate.
4. An establishment can apply in person or by mail to the Philadelphia Department of Public Health, Environmental Engineering Office, 321 University Avenue, Philadelphia, PA 19104.
5. To apply for a Certificate or a Replacement Certificate, an establishment must submit:
 - a. A completed application for a Philadelphia Department of Public Health Body Art Establishment Certificate (available online), and
 - b. A **cashier's check or money order** for \$100 made payable to *Philadelphia Health Department – EHS*.
 - c. For a replacement certificate, a cashier's check or money order for \$65 payable to *Philadelphia Health Department – EHS*, along with a written statement of the reason why a replacement certificate is needed, must be submitted with the application.
6. Within a maximum of 30 business days after receipt of a complete application, the Environmental Engineering Office will mail the Philadelphia Body Art Establishment Certificate to the establishment address provided on the application submitted or notify the establishment that the Certificate is available for pick up.

Philadelphia Department of Public Health
Environmental Engineering Office
321 University Avenue – 2nd Floor
Philadelphia, PA 19104
215-685-7342

<http://www.phila.gov/health/environment/EnvirEng.html>

Health.BodyArt@Phila.gov



Body Art Establishment Certificate Application

Office of Environmental Engineering

321 University Avenue, 2nd Floor

Philadelphia, PA 19104

<http://www.phila.gov/health/environment/tattoo.html>

**CERTIFICATES ARE NOT TRANSFERABLE
PLEASE PRINT CLEARLY**

1. APPLICATION INFORMATION	
Type of Application: <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement	Date:
2. ESTABLISHMENT INFORMATION	
Name of Establishment:	
Establishment Address (Number and Street):	
City, State, Zip:	
Establishment Phone #:	Establishment Fax #:
Licensee:	Corporate Officer:
Applicant Phone #:	Email Address:
I hereby make application to the Philadelphia Department of Public Health for a certificate to operate a: <input type="checkbox"/> Tattoo Establishment <input type="checkbox"/> Body Piercing Establishment	
3. HOURS OF OPERATION	
Sunday _____ am to _____ pm Monday _____ am to _____ pm Tuesday _____ am to _____ pm Wednesday _____ am to _____ pm Thursday _____ am to _____ pm Friday _____ am to _____ pm Saturday _____ am to _____ pm	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> Check here if by appointment only. <input type="checkbox"/> </div>
4. ARTISTS/APPRENTICES	
Artist(s): _____	Apprentice(s): _____
_____	_____
_____	_____
_____	_____



5. CERTIFICATE FEES

\$100.00 for an **annual** Body Art Establishment Certificate

\$65.00 for a replacement certificate for a current Body Art Establishment

FEES MUST BE PAID BEFORE A CERTIFICATE IS ISSUED. FEES ARE NON-REFUNDABLE. RETURNED PAYMENT CAN DELAY CERTIFICATE ISSUANCE.

NOTE: Establishment certificates expire on December 31st at the end of each year.

A pre-opening visit is required for a new facility or change of ownership. An inspection by the Philadelphia Department of Public Health representative indicating the facility meets the *Regulations Governing Operation and Conduct of Tattoo and Body Piercing Establishments* is required prior to operation. Please see the *Body Art Plan Review for New Body Art Establishments* instructions and application form.

I, the undersigned, certify that the information I have provided is a true and complete statement according to my knowledge and belief. I certify that I have read, understand, and agree to comply with the *Regulations Governing Operation and Conduct of Tattoo and Body Piercing Establishments*.

(Applicant Signature)

(Date)

MAIL COMPLETED APPLICATION FORM AND PAYMENT TO:

Philadelphia Department of Public Health – EHS
Environmental Engineering Office
321 University Avenue – 2nd Floor
Philadelphia, PA 19104

- * Make cashier’s checks or money orders payable to *Philadelphia Health Department – EHS*.
- * Do not mail cash and do not mail fees without a completed application form.

Indicate how you would like to receive the Certificate:

- Please mail the certificate to the mailing address noted on this application.
- Please notify me when the certificate is ready for pick-up.