



**OFFICE OF THE CITY CLERK**

City Hall, 258 Main Street  
Oneonta, NY 13820-2589

**Phone:**607.432.6450  
**Fax:** 607.433.3420  
**Internet Address:**  
www.oneonta.ny.us/cityclerk  
**E-Mail Address:**  
cityinfo@oneonta.ny.us

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 on the next page and return with application.**

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**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 **Body Piercing Business** in the City of Oneonta in accordance with Chapter 78 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