

North Georgia Health District 1-2  
\_\_\_\_\_ County

**Body Artist License Application**

Type of Application		
<input type="checkbox"/> New Application	<input type="checkbox"/> Resubmission	<input type="checkbox"/> Renewal

**Body Artist Information**

First Name:	Middle Name:	Last Name:
Residence Address:		
City:	State:	Zip Code:
Phone number: (    )		
Mailing Address:		
City:	State:	Zip Code:
Phone number: (    )		
Must provide one of the following: Applicant Social Security Number (last 4 digits only): _____ Drivers License ID Number: _____ Georgia ID Card Number: _____		
Applicants E-mail Address:		
Experience:    Yes <input type="checkbox"/> No <input type="checkbox"/>		Amount of experience:
Establishments where performed Body Art:	Addresses and Contact Phone Numbers:	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

**Establishment Information**

Name of Establishment:  
Address:  
City: State: Zip Code:  
Phone number: ( )

Body Art Practiced at the Establishment:  
Tattoo  Piercing  Permanent Cosmetics

Hours of Operation:  
Days of Operation:

Certificate of Occupancy if applicable, Date and Number (Provide a Copy):

Date of Site Inspection (Office Use Only):

**Required Documentation**

- Photo I.D.
- Proof of successful completion of departmental exam
- Proof of successful completion of Bloodborne Pathogens/Universal precautions training program
- Proof of successful completion of Basic first aid/CPR

**Knowledge and or experience in or about**

(Office Use Only)

- Universal precautions
- Sterile conditions
- Workstation requirements
- Sterilization procedures (Provide example)
- Client and body artist health related information
- The Body Art Regulations of the North Georgia Health District
- Record keeping requirements
- Waste hauling requirements

Fee for the Amount of \$\_\_\_\_\_ was received at EHO

### **Application Statement of Consent**

I understand that this license is valid only in the county of application and expires two years after the date that it is issued. I also understand that any notice to be mailed to me by the \_\_\_\_\_ County Environmental Health Department will be mailed to the address indicated on this application and a copy of such notice will also be mailed to the address of the Body Art Establishment that I have indicated above.

I have received a copy of the North Georgia Health District Body Art Regulations. I have read and understand the obligations and requirements imposed upon a licensed Body Artist by those regulations. I also agree to comply with all of the regulation requirements specified in the Body Art Regulations while practicing body art in the county of application.

I further understand that it is my responsibility to comply with all applicable health, safety, sanitation, sterilization, and work practice regulations as specified in the North Georgia Health District Body Art Regulations.

I hereby certify that to the best of my knowledge the information provided on this application is complete and accurate and in no way misrepresented.

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_