## North Georgia Health District 1-2 County

**Body Art Establishment Permit Application** Type of Application □ New Application □ Resubmission □ Renewal Ownership 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: Owner Social Security Number (last 4 digits only): Drivers License ID Number: Georgia ID Card Number: Owner E-mail Address: Partnership: Yes No □ Corporation: Yes □ Partnership/Corporation Names & Titles 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 where applicable, Date and Number (Provide a Copy): Date of Site Inspection (Office Use Only): **Required Documentation** □ Detailed floor plan of the establishment □ Names of all employees working in the establishment □ Manufacturer and model number for sterilization units □ List of other multiple use equipment (include manufacturer and model number) □ Contract with an approved Contaminated Waste disposal company □ Contract with an independent commercial testing laboratory for required biological spore testing □ Certificate of occupancy where applicable 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 permit is valid only in the county of application and expires one year after the date that it is issued. I also understand that any notice to be mailed to me by the 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 Art Establishment Owner/Operator by those regulations. I also agree to comply with all of the regulation requirements specified in the Body Art Regulations while practicing in the county of application.

I further understand that it is my responsibility to ensure that individual body artist working in this establishment have a current valid Body artist license and 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 Owner:	Date:
Full Name:	