

North Georgia Health District 1-2
_____ County

Body Art Establishment Permit Application

Type of Application		
<input type="checkbox"/> New Application	<input type="checkbox"/> Resubmission	<input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>		Corporation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Partnership/Corporation Names & Titles	Addresses and Contact Phone Numbers:	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

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: _____