



APPLICATION FOR BODY ART ESTABLISHMENT PERMIT

OFFICE USE ONLY

Date _____ Amount Paid \$ _____ DHD # _____ Authorization # _____

Invoice # _____ Check # _____ Cash MC Visa Discover Received By _____

New Application **requires Verification of Residency form** Change of Ownership **requires Verification of Residency form**

Change of Establishment Name **requires Verification of Residency form if not already on file**

Name of Body Art Establishment: _____

Facility Address: _____
Street # and Name Suite # City Zip Code

Facility Phone #: _____

Billing Contact Name: _____ Billing Phone #: _____

Billing Company Name: _____

Billing Address: _____
Street # and Name Suite # City / State Zip Code

Billing Contact E-mail: _____

Ownership By: Corporation Partnership Sole Proprietor LLC Other: _____

Owner's Name: _____ Owner's Phone #: _____

Owner's Address: _____
Street # and Name Suite # City / State Zip Code

Owner's E-mail: _____

Legal business name to appear on permit (*the business owner's name or corporation name as it appears on the business license*):

Local Contact: _____ Title: _____

E-mail Address: _____ Phone #: _____

Hours of Operation: Sun _____ Mon _____ Tue _____ Wed _____
Thu _____ Fri _____ Sat _____ Appointment Only

Body Art Procedures Performed in Establishment: Tattooing Body Piercing Cosmetic Tattooing

Will an autoclave be used in the facility?

Yes (Must provide spore test result before approved for use) No (Requires use of all disposable products)



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List Employees and Job Responsibilities:

Name	Phone / Email	Responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned hereby applies for a permit to operate a Body Art establishment pursuant to the current Body Art Regulation of Cobb & Douglas Public Health. A copy of the regulation may be obtained by contacting our office or by accessing our website: www.cobbanddouglaspublichealth.org.

Signature Date

Please mark one: Business Owner Local Contact

Please indicate the address to which all non-billing correspondence should be mailed:

Facility Address Billing Address Owner Address

Applications MUST INCLUDE the following documents. Failure to supply this information will delay the approval of your application.

- Copy of consent form and aftercare instructions
- Floor plan with all work stations, sinks, restrooms and clean room labeled
- Notarized** Verification of Residency for Public Benefits Application with copy of the supporting secure and verifiable document. Not required for facility name change if already on file.

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Application reviewed for completeness: _____
Initials Date