



Northwest Georgia Public Health

Body Art Studio Permit Application

Facility Type
<input type="checkbox"/> Permanent
<input type="checkbox"/> Temporary

Owner Information

First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip Code:
Mailing Address (if different from street address)		
Street Address:		
City:	State:	Zip Code:

Studio Information

Name of Studio:		
Studio Address:		
City:	State:	Zip Code:
Mailing Address (if different from street address)		
Street Address:		
City:	State:	Zip Code:
Contact Information		
Phone:	E-mail:	

Application Statement of Consent

I understand that this permit is valid only in the county of application and expires one year after the date of issue.

I have received a copy of the Rules and Regulations for Body Art Studios and Tattoo/Body Piercing Artist as provided by the Northwest Georgia Public Health District and understand the obligations and requirements imposed upon a permitted Body Art Studio. I have also received applicable requirements as provided by the Official Code of Georgia, Title 31-40 (1-9), Title 16-12-5, and Title 16-5-71.

I further understand that it is my responsibility to ensure that an individual Body Artists working in this studio have a valid body artist license and comply with all applicable health, safety, sanitization, sterilization, and work practice requirements as specified in the current 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.

Owners Signature _____ Date _____

Full Name (print) _____