



# Northwest Georgia Public Health

## Body Artist License Application

**Type of Application**

- New
- Renewal
- Resubmission
- Guest

### ARTIST INFORMATION

First Name:	Middle Name:	Last Name:
Age:	Date of Birth:	SS# (last 4 Digits Only):
Street Address:		
City:	State:	Zip Code:
<b>Mailing Address (if different from street address)</b>		
Street Address:		
City:	State:	Zip Code:
<b>Contact Information</b>		
Phone:	E-mail:	

### Studio of Employment Information

Name of Studio:		
Studio Address:		
City:	State:	Zip Code:
<b>Studio Owner</b>		
First Name:	Last Name:	

### Application Statement of Consent

I understand that this license is valid only in the county of application and expires one year after the date of issue. I also understand that this license is valid only under the above Body Art Studio and is not transferable to another facility.

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 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.

Artist Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name (print) \_\_\_\_\_