Georgia Department of Public Health
Health District 3.2

J. Patrick O'Neal, M.D., Commissioner | Nathan Deal, Governor

Kathleen E. Toomey, M.D., M.P.H.
District Health Director

APPLICATION FOR BODY ART ARTIST

Fulton County Board of Health
Environmental Health Services Division

APPLICANT INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #:_____ Fax#:_____ Email: _____

Application Type (Circle One): New Renewal Guest Temporary

ESTABLISHMENT INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #:_____ Fax#:_____ Email: _____

SERVICES/ CERTIFICATIONS

Services Provided (Circle all that apply): Tattoos Body Piercing Cosmetic Tattoos Other

Certifications: Blood-Borne Pathogen First Aid/CPR/AED

Proof of Identification (Circle all that apply): Valid Driver's License State-Issued License

Health Vaccination Forms (Circle all that apply): Hepatitis B Series (1, 2 and 3) Anti-Body Testing Declination

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I, _____, certify that all information given in this application is true and correct to the best of my knowledge.
Permit Holder Name (Print)

I further understand and agree to comply with Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, ARTICLE_XVIII "Body Art", as the holder of a body art license in Fulton County. The license holder means a license issued by the department to a specifically identified person, at least 18 years of age, who is qualified to engage in the practice of body art in accordance with this article including the practice/service of body piercing, microblading, and/or tattooing regardless of the type of body ornament utilized, type of tattoo or microblading or area to be pierced or tattooed. If a license is issued, it is non-transferable and is valid until it is surrendered, suspended or revoked. Furthermore, a license, which expires annually on the anniversary date of the license issuance, shall be issued concurrently with the permit.

Preferred Contact Method: ☐ Telephone ☐ Email ☐ Fax

_____ _____ _____
Permit Holder Signature Title Date

EHS Use Only

Establishment Code: _____ Permit #: _____ District Assignment: _____ Territory Assignment: _____

Date of Remittance: ____/____/____ Fee Amount: _____ Check/M.O. #: _____ Invoice #: _____

Service Code: _____ Permit Issue Date: _____/_____/_____ License Expiration Date: _____/_____/_____

EHS Staff: Date of Issuance:

FULTON COUNTY BOARD OF HEALTH