



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

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

**APPLICATION FOR PERMIT TO OPERATE  
A BODY ART ESTABLISHMENT**  
Fulton County Board of Health  
Environmental Health Services Division

**ESTABLISHMENT  
INFORMATION**

Name: \_\_\_\_\_  
 Address: # \_\_\_\_\_ Street \_\_\_\_\_ Room/Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_  
 Ownership Type (Circle One): Corporation Partnership Sole Proprietor Franchise

**OWNER  
INFORMATION**

Name: \_\_\_\_\_  
 Address: # \_\_\_\_\_ Street \_\_\_\_\_ Room/Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

**PERMIT HOLDER  
INFORMATION**

Name: \_\_\_\_\_  
 Address: # \_\_\_\_\_ Street \_\_\_\_\_ Room/Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Additional  
Staff Members**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

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 permit to operate a body art establishment in Fulton County. The permit holder is defined as the person(s) or entity that possesses a valid permit to operate a Body Art Establishment and is legally responsible for the operation of the Body Art Establishment such as the owner, agent for the owner or other such authorized or designated person. If a permit 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 permit 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

