

Kathleen E. Toomey, M.D., M.P.H., Commissioner | Brian Kemp, Governor

Lynn Paxton, M.D., M.P.H. District Health Director

APPLICATION FOR BODY ART ARTIST

Fulton County Board of Health Environmental Health Services Division

LZ	Name:							
APPLICANT INFORMATION		Street				City	State	ZIP Code
	Telephone #: Fax#:			Email:				
* Z	Application Type (C			enewal	Guest	Temporary		
MENT	Name:							
ESTABLISHMENT INFORMATION	Address:# Street			Room/Suite City			State	ZIP Code
图图	Telephone #: Fax#:			Email:				
SV SV	Services Provided (Tattoos	Body Piercin			Other
	Certifications: Blood-Borne Pathogen			First Aid/CPR/AED				
SERVICES/ CERTIFICATIONS	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	
ı,	Permit Hole	der Name (Print)	, certi	fy that all informat	tion given in this applic	ration is true and correct to the best	t of my know	ledge.
County. in accord microbla	The license holder means a dance with this article inclu	license issued by the d ding the practice/servi or tattooed. If a license	epartment to a ce of body piero is issued, it is n	specifically identifi cing, microblading, ion-transferable an	ed person, at least 18 y and/or tattooing regar id is valid until it is sur	rt Establishments, as the holder of ears of age, who is qualified to eng dless of the type of body ornament rendered, suspended or revoked. F	age in the proutilized, type	actice of body art e of tattoo or
		Preferre	d Contact Meth	nod: Telephone	□ Email □ Fax			
	Permit Holder Signatur	re			Title		Date	
EHS U	Use Only							
	· · · · · · · · · · · · · · · · · · ·	Permit #:		_ District Ass	signment:	Territory Assignn	nent:	
Date of	f Remittance:/	/ Fee An	nount:		Check/M.O. #: _	Invoice #	' :	
Service	e Code:	Permit Issu	e Date:		Lice	ense Expiration Date:	_/	_/
EHS Sta	aff:					Date of Issuance:		

