



**ENVIRONMENTAL HEALTH OFFICES**

**GWINNETT**

455 Grayson Highway, Suite 600  
Lawrenceville, GA 30046  
☎ 770.963.5132  
📠 866.265.4293

**NEWTON**

1113 Usher Street, Suite 303  
Covington, GA 30014  
☎ 770.784.2121  
📠 770.784.2129

**ROCKDALE**

1329 Portman Drive, Suite F  
Conyers, GA 30094  
☎ 770.278.7340  
📠 866.551.0133

**BODY ART STUDIO APPLICATION**

Application Date \_\_\_\_\_

Type of Body Art (Check All Applicable):     Tattooing     Body Piercing     Microblading                      Number of Parlors \_\_\_\_\_

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**BODY ART STUDIO FACILITY INFORMATION**

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Business Model (Check One):     100% Disposable/Single Use items Only     Autoclave and Ultrasonic Utilized

Water Supply:     Public     Well Water                      Sewage Disposal:     Sewer     On-site System

**LANDLORD INFORMATION** (If Applicable)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_ Other (    ) \_\_\_\_\_

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**OWNER INFORMATION**

**Must be either a valid corporation which is registered with the Georgia Secretary of State's office or owner's personal name. This information cannot be changed once the facility is permitted. If changed after permitting, it will be considered a change of ownership and all plan review and permitting fees will apply.**

**CORPORATION NAME OR LLC** (If Applicable) \_\_\_\_\_

**OWNER'S PERSONAL NAME** \_\_\_\_\_

Type of Government Issued Identification (ID) \_\_\_\_\_ ID Expiration Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_ Other (    ) \_\_\_\_\_

E-mail \_\_\_\_\_

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**BILLING INFORMATION**

**Please note this is the address where all bills and permits will be mailed.**

Facility Name \_\_\_\_\_ Attention \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_ Other (    ) \_\_\_\_\_

E-mail \_\_\_\_\_



**APPLICANT/AUTHORIZED AGENT INFORMATION**

Any change to the owner's name constitutes a change in ownership. Any change in owner/ownership will require a new, application, plan review, and permitting fee. Permits are not transferable from owner to owner or location to location. Continued operation without a valid permit is a violation of the Rules and Regulations for Body Art Chapter 511-3-8 and may result in legal action.

I, \_\_\_\_\_, affirm that all the information provided in this application (including the  
(Legal Name of Applicant)

Verification of Residency and all supporting documents) is true to the best of my knowledge. I understand that any misrepresentation, omission, or concealment of material facts is grounds for denial or revocation of my Body Art Studio Permit. I have read and agree to abide by the Department of Public Health, Rules and Regulation for Body Art, Chapter 511-3-8.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

**Applicant's affiliation with facility (check one):**     Owner     Contractor     Architect     Expeditor     Other \_\_\_\_\_



**BODY ART STUDIO EMPLOYEE LIST**

**Employee Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **E-mail** \_\_\_\_\_ **DPH Certification #** \_\_\_\_\_

**Employee Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **E-mail** \_\_\_\_\_ **DPH Certification #** \_\_\_\_\_

**Employee Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **E-mail** \_\_\_\_\_ **DPH Certification #** \_\_\_\_\_

**Employee Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **E-mail** \_\_\_\_\_ **DPH Certification #** \_\_\_\_\_

**Employee Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **E-mail** \_\_\_\_\_ **DPH Certification #** \_\_\_\_\_

**Employee Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **E-mail** \_\_\_\_\_ **DPH Certification #** \_\_\_\_\_

**Employee Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **E-mail** \_\_\_\_\_ **DPH Certification #** \_\_\_\_\_

## BODY ART STUDIO PERMIT APPLICATION REQUIREMENTS

The attached application is for a Body Art Studio Permit. Submit the completed application to the county environmental health office that has jurisdiction for the location where the applicant intends to operate a body art studio at least **14 days** prior to the start of construction. This application must be accompanied by the following:

- Each application for a permit shall be accompanied by an 8 ½" x 11" or larger page containing a detailed, to-scale floor plan of the body art studio. Such plan shall show the accurate placement of each of the following: windows, doors, chairs, tables, sinks, restrooms, waiting area, and all equipment placement whether affixed or not for clients or staff, and shall include room measurements.
- Specification sheets for all equipment to be in the studio shall be provided as determined by the Health Authority. Studios using all commercially purchased, individually packaged, sterile, single-use, disposable instruments and jewelry shall provide adequate manufacturer documentation to avoid requirements for an ultrasonic cleaner and autoclave.
- Before being granted a permit, each body art studio shall develop a written statement of policies and standard operating procedures that address:
  - Sterilization and Emergency Sterilization Procedures;
  - Body Artist and Employee Health;
  - Body Artist and Employee Drug and Alcohol Use;
  - Sanitizing areas and equipment between use;
  - Disposal of waste;
  - Record keeping;
  - Client screening;
  - Aftercare;
  - Exposure control plan;
  - Emergency plan for accidents that address first aid procedures; and
  - Water interruption plan
- The applicant shall certify in its application the names and exact duties of the employees and body artists who will be responsible for carrying out the rules and policies adopted by the permit holder. The following information shall be included for each such person:
  - Valid driver's license or Government issued I.D.
  - Date of birth (DOB)
  - Home address
  - Telephone numbers
  - Department issued body artist certification of all artists who will practice in the studio