



# Northeast Health District

## Body Tattoo/Body Piercing Operator

### Permit Application

### Operator Information

#### Type of Application

New       Renewal

#### Procedures

Tattooing     Piercing

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

### Establishment of Employment Information

Name of Establishment:		
Establishment Address		
Street Address:		
City:	State:	Zip Code:
Establishment Owner		
First Name:	Last Name:	

### Application Statement of Consent

I understand that this permit is valid only in the county of application and expires on June 30<sup>th</sup> after the date of issue. I also understand that this permit is valid only under the above Body Tattoo/ Body Piercing Establishment and is not transferable to another facility.

I have received a copy of the Rules and Regulations for Body Tattoo/ Body Piercing Establishments and Operators as provided by the Northeast Health District and understand the obligations and requirements imposed upon a permitted Body Tattoo/ Body Piercing Establishment. 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.

Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

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