



Northeast Health District

Body Tattoo/Body Piercing Establishment

Permit Application

Owner Information

Type of Application

New Renewal

Procedures Offered

Tattooing Piercing

First Name:	Middle Name:	Last Name:
Residence Address		
Street Address:		
City:	State:	Zip Code:
Mailing Address (if different from street address)		
Street Address:		
City:	State:	Zip Code:

Establishment Information

Name of Establishment:		
Establishment 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:	

Application Statement of Consent

I understand that this permit is valid only in the county of application and expires on June 30th after the date of issue.

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 Establishments. 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 ensure that an individual Body Tattoo/ Body Piercing Operator working in this establishment have a valid operator permit and comply with all applicable health, safety, sanitization, Sterlization, ans 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.

Owners Signature _____ Date _____

Full Name (print) _____