Georgia Department of Public Health
Environmental Health Section | Body Art Program
dph.georgia.gov/environmental-health

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

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GEORGIA DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR BODY ART STUDIO PERMIT

Name of Body Art Studio: _____

Location of Body Art Studio: County:_____

_____
Street City State Zip Code

Telephone #: _____ Email: _____

Body art procedures to be performed (Check all that apply): ❍ Tattooing ❍ Piercing ❍ Microblading

Business Model (Check one): ❍ 100% Disposable/Single Use Items Only ❍ Autoclave and Ultrasonic Unit Utilized

Water Supply: ❍ Public ❍ Private Well **Sewage Disposal:** ❍ Onsite System ❍ Public

Water System Name: _____ **Number of Artist Workstations:** _____

Studio Owner's Name: _____
First Middle Initial Last Suffix(Sr, Jr, III)

Type of Government Issued Identification: _____ Expiration Date: _____/_____/_____

Owner's Mailing Address: _____
Street City State Zip Code

Billing Mailing Address: _____
Street City State Zip Code

Primary Phone #: _____ Secondary Phone #: _____ Email: _____

I, _____, affirm all the information provided in this application (including the Verification of Residency and all
(Applicant's Legal Name)
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: _____/_____/_____

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BODY ART STUDIO EMPLOYEE LIST

Employee Name: _____ Date of Birth _____/_____/_____

Mailing Address: _____
Street City State Zip Code

Telephone #: _____ Email: _____ DPH Certification #: _____

Employee Name: _____ Date of Birth _____/_____/_____

Mailing Address: _____
Street City State Zip Code

Telephone #: _____ Email: _____ DPH Certification #: _____

Employee Name: _____ Date of Birth _____/_____/_____

Mailing Address: _____
Street City State Zip Code

Telephone #: _____ Email: _____ DPH Certification #: _____

Employee Name: _____ Date of Birth _____/_____/_____

Mailing Address: _____
Street City State Zip Code

Telephone #: _____ Email: _____ DPH Certification #: _____

Employee Name: _____ Date of Birth _____/_____/_____

Mailing Address: _____
Street City State Zip Code

Telephone #: _____ Email: _____ DPH Certification #: _____

GEORGIA DEPARTMENT OF PUBLIC HEALTH
Verification of Residency

In order to obtain my Body Art Studio Permit, I hereby swear, under oath, that I am: *(check <u>one</u> of the following)*

_____ Citizen of the United States;
_____ A legal permanent resident of the United States;
_____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.
Official Alien Number: _____

I also swear that I am eighteen years of age or older, and that I have provided a least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1).

Copy of document provided (check one):
_____ Driver's license
_____ Birth certificate
_____ US Passport
_____ US Permanent Residence or Alien Registration Receipt Card
_____ Certificate of Citizenship or Naturalization
_____ Other (please call our office at 404-657-6534 to verify document will be accepted)

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

Studio Owner Name (printed):

_____

Studio Owner Signature:

_____

Notes:
This form must be notarized or it <u>will not be accepted</u>.

Subscribed and sworn before me
this _____ day of _____, 20____.

_____
Notary Public
My commission expires _____.