



Clayton County Health District Environmental Health Department

BODY ARTIST LICENSE APPLICATION

Annual permits will automatically expire on December 31st of each year. At least 14 days prior to the expiration of a Body Artist License, the Body Artist must apply for the renewal with the required proof of certifications to the CCHD Environmental Health Dept. The applicant is responsible for notifying this department of any changes to the information provided on this application. It is unlawful to provide false information on this application. The Body Artist License is associated with the facility detailed on this application. Change of Body Art Studio will void the Body Artist License. The applicant is responsible for notifying our department of any changes to their employment to the facility listed below. Keep a copy of this application for your records.

APPLICANT INFORMATION

Application Type: New Renewal Guest Temporary

Legal Name (First, MI, Last): _____ Preferred Name: _____

Owner Staff Gender: Male Female Date of Birth: _____

Cell Phone: _____ Atl. Phone: _____ Email: _____ @ _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Name of Body Art Establishment: _____

Establishment Address: _____

City: _____ State: _____ Zip Code: _____

SERVICES PROVIDED

(PLEASE CHECK ALL THAT APPLY)

Tattoos Body Piercing Microblading Other _____

REQUIRED CERTIFICATION

(COPIES OF TRAINING CERTIFICATES MUST BE SUBMITTED WITH APPLICATION)

Basic First Aid/CPR, Exp. Date: _____ Blood-Borne Pathogen, Exp. Date: _____

PROOF OF IDENTIFICATION *(please check one)*:

Valid Driver's License (State: _____ Number: _____) State-Issued ID (State: _____ Number: _____)

HEALTH VACCINATION FORMS

(COPIES OF HEALTH RECORDS MUST BE SUBMITTED WITH APPLICATION)

Hepatitis B Series (Date Completed: _____) Anti-body Testing (Date Tested: _____) Declination Form (Form Provided)

VERIFICATION

The undersigned hereby applies for a Body Artist License pursuant to the current body art regulations of Clayton County Health District Environmental Health Department. I have received a copy of Rules and Regulations for Body Art. I understand that approval is based upon the information I have provided within this application and any other submitted documentation. I also am aware that all fees and permits are non-refundable.

Applicant (Sign): _____

Date: _____

For Internal Use Only:

Submitted copy of BBP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Submitted copy of First Aid/CPR: <input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted copy of Government Issued ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	Submitted Owner Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted Residency Form: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Submitted copy of Hep B Series, Anti-Body Test Results, or Declination Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Print: _____	Sign: _____
	Date: _____

Owner Authorization

This form is to be completed by the owner of the Body Art Studio.

Body Artist Legal Name:		Service Provided:	
Studio Name:		Studio Permit #:	
Projected Start Date:			

I verify that the above applicant will be employed as a Body Artist in my permitted studio once a Body Artist License has been issued.

Print: _____ Sign: _____ Date: _____

<p>Office Use Only Date Stamp / Initial</p>

Hepatitis B Vaccine Declination

I, _____, understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus. I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk.

Applicant Signature: _____ Date: _____

Studio Name: _____

Studio Address: _____

**Office Use Only
Date Stamp / Initial**