



Clayton County Health District Environmental Health Department

BODY ART ESTABLISHMENT APPLICATION

Annual permits will automatically expire on December 31st of each year. New establishments must submit additional information detailed in the checklist attached. For renewals, the owner must apply for the renewal to CCHD Environmental Health Department at least 14 days prior to the expiration of a Body Art Establishment Permit. It is the responsibility of the owner to notify this department of any alterations to the information or the condition of the facility. It is unlawful to provide false information on this document. Keep a copy of this application for your records.

ESTABLISHMENT INFORMATION

Establishment Type: New Renewal

Name of Body Art Establishment: _____ Phone: _____

Establishment Address: _____

City: _____ State: _____ Zip Code: _____

SERVICES PROVIDED *(please check all that apply)*

Tattoos Body Piercing Microblading Other _____

OWNERSHIP AND BILLING

Ownership: Corporation Partnership Sole Proprietor Franchise

Owner Name: _____ Email: _____ @ _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Alt. Phone: _____ Fax: _____

Authorized Agent Name (If applicable): _____ Phone: _____

Billing Contact: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

BODY ART STAFF INFORMATION

Please list **ALL** staff members and contact information (if needed, provide additional information on separate page)

| | | |
|-------|--------|--------|
| Name: | Title: | Phone: |
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VERIFICATION

The undersigned hereby applies for a Body Art Establishment Permit 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.

Owner (Sign): _____ Date: _____

For Internal Use Only (for **NEW** facilities):

| | |
|---|---|
| Submitted Artist Applications: <input type="checkbox"/> Yes <input type="checkbox"/> No | Submitted Copy of Spore Test: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Submitted Detailed Floor Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No | Submitted Sharps Disposal Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Submitted Copy of Consent Forms: <input type="checkbox"/> Yes <input type="checkbox"/> No | Submitted Copy of Aftercare: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Submitted Specification Sheets: <input type="checkbox"/> Yes <input type="checkbox"/> No | Submitted Universal Precautions Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Submitted Residency Form: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Print: _____ | Sign: _____ Date: _____ |

NEW Body Art Establishment: Additional Documentation

The following documents/information will need to be submitted in addition to your establishment application:

- **Floor Plan detailing the following:**
 - **Workstations:**
 - **Worktables/Chairs**
 - **Storage Cabinets**
 - **Location of the Sharps Disposal**
 - **Hand Sink**
 - **Facility**
 - **Bathrooms/Laboratory**
 - **Cleaning Room (properly separated, with hand sink and cleaning sink)**
 - **Private Room**
- **Documentation concerning the discarding of biomedical wastes and, if separate, documentation of contract/invoice with crematorium/sharps disposal facility giving facility authorization of disposal.**
Biomedical wastes: solid wastes that contains pathological wastes, biological wastes, cultures and stocks of infectious agents and associated biologicals. Biological wastes shall be discarded in accordance DNR, EPD, Solid Waste Management Rule 391-3-4-.15.
- **Copy of the Universal Precautions Procedure.** *Universal Precautions procedure means treating all blood and body fluids as if they contain blood borne pathogens and taking proper precautions to prevent the spread of any blood borne pathogens.*
- **Copy of Procedures Form with Aftercare Instructions*.** *A copy of the procedures advising the client of the of proper subsequent care of the body art. A copy of the instructions informing him/her/it of the risks involved and possible complications that might result from the body art procedure. Both should provide a section for the client's signature and date the procedure was performed.*
- **Copy of Consent Form*.** *A statement of informed consent by the client receiving the body art. This should detail the below information:*
 - *It shall be unlawful for any person to pierce the body, with the exception of the ear lobes, of any person under the age of eighteen (18) for the purposes of allowing the insertion of earrings, jewelry, or similar objects into the body, unless the body piercing is performed in the presence of the person's parent or legal guardian.*
 - *No person under the age of eighteen (18) shall be tattooed, except that a physician or osteopath licensed under O.C.G.A. Chapter 34 of Title 43, or a technician acting under the direct supervision of such licensed physician or osteopath shall be authorized to do so.*
- **Documentation associated with the following:**
 - Dyes
 - Pigments
 - Equipment: ultrasonic cleaning unit and medical grade autoclave
 - Needles used for tattooing, microblading, and piercing.
- **Documentation on the antibacterial solution / germicidal solution that will be used by all technicians** (tattoo, microblading, and piercing). *Antimicrobial solution: any solution used to retard the growth of microorganisms approved for application to human skin and includes all products labeled accordingly as approved by the FDA. Germicidal solution: any solution which destroys microorganisms and is so labeled.*

***Note: Procedures, Aftercare Instructions, and Consent Forms can be consolidated into one form. The form should provide the signature/date line for the client and a signature/date line for the artist performing the work. A copy of the client's identification verifying their age should be attached to the form. A copy of the form should be given to the client and a copy should be retained onsite for 2 years.**