

**Murray County Environmental Health**

121 North 4<sup>th</sup> Avenue  
 Chatsworth, GA 30705  
 Phone: (706) 695-0266, ext. 8  
 Fax: (706) 517-5893  
 Office Hours 8:00 – 5:00

**Body Art Establishment Permit Application**

Type of Application		
<input type="checkbox"/> New Application	<input type="checkbox"/> Resubmission	<input type="checkbox"/> Renewal

**Ownership Information**

First Name:	Middle Name:	Last Name:
Residence Address:		
City:	State:	Zip Code:
Phone number: (    )		
Mailing Address:		
City:	State:	Zip Code:
Phone number: (    )		
Must provide one of the following: Owner Social Security Number (last 4 digits only): _____ Drivers License ID Number: _____ Georgia ID Card Number: _____		
Owner E-mail Address:		
Partnership: Yes <input type="checkbox"/> No <input type="checkbox"/>	Corporation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Partnership/Corporation Names & Titles	Addresses and Contact Phone Numbers:	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

**Establishment Information**

Name of Establishment:

Address:

City:

State:

Zip Code:

Phone number: (    )

Body Art Practiced at the Establishment:

Tattoo Piercing Permanent Cosmetics 

Hours of Operation:

Days of Operation

Certificate of Occupancy where applicable, Date and Number (Provide a Copy):

Date of Site Inspection (Office Use Only):**Required Documentation**

- Detailed floor plan of the establishment
- Names of all employees working in the establishment
- Manufacturer and model number for sterilization units
- List of other multiple use equipment (include manufacturer and model number)
- Contract with an approved Contaminated Waste disposal company
- Contract with an independent commercial testing laboratory for required biological spore testing
- Certificate of occupancy where applicable

**Knowledge and or experience in or about**(Office Use Only)

- Universal precautions
- Sterile conditions
- Workstation requirements
- Sterilization procedures (Provide example)
- Client and body artist health related information
- The Body Art Regulations of the North Georgia Health District
- Record keeping requirements
- Waste hauling requirements

Fee for the Amount of \$ \_\_\_\_\_ was received at EHO

## Application Statement of Consent

I understand that this permit is valid only in the county of application and expires one year after the date that it is issued. I also understand that any notice to be mailed to me by the Environmental Health Department will be mailed to the address indicated on this application and a copy of such notice will also be mailed to the address of the Body Art Establishment that I have indicated above.

I have received a copy of the North Georgia Health District Body Art Regulations. I have read and understand the obligations and requirements imposed upon a licensed Body Art Establishment Owner/Operator by those regulations. I also agree to comply with all of the regulation requirements specified in the Body Art Regulations while practicing in the county of application.

I further understand that it is my responsibility to ensure that individual body artist working in this establishment have a current valid Body artist license and comply with all applicable health, safety, sanitation, sterilization, and work practice regulations as specified in the North Georgia Health District Body Art 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.

Signature of the Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_