

Murray County Environmental Health
121 North 4th 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

New Application Resubmission Renewal

Ownership Information

First Name:	Middle Name:	Last Name:
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Residence Address:

City:	State:	Zip Code:
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Phone number: ()

Mailing Address:

City:	State:	Zip Code:
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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"/>
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Corporation: Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Partnership/Corporation Names & Titles
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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: _____