

Richmond County Health Department
Division of Environmental Health
1916 North Leg Road, Augusta, GA 30909
Phone (706) 667-4234 *** FAX (706) 667-4248

Body Artist License Application

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

Body Artist Information

First Name:	Middle Name:	Last Name:	DOB:
Mailing Address:			
City:	State:	Zip Code:	
Phone number: ()			
Cell number: ()			
E-Mail:			
Must provide one of the following: Applicant Social Security Number (last 4 digits only): _____ Drivers License ID Number: _____ Georgia ID Card Number: _____ Tax ID Number: _____			
Experience: Yes <input type="checkbox"/>		No <input type="checkbox"/>	Amount of experience:

Establishment Information

Name of Establishment:		
Address:		
City:	State:	Zip Code:
Phone number: ()		
FAX number: ()		
Body Art Practiced at the Establishment:		
Tattoo <input type="checkbox"/>	Piercing <input type="checkbox"/>	Permanent Cosmetics <input type="checkbox"/>
Hours of Operation:		
Days of Operation:		
Date of Site Inspection (<u>Office Use Only</u>):		

Required Documentation

- Photo I.D.
- Proof of successful completion of Bloodborne Pathogens/Universal Precautions training program
- Proof of successful completion of Basic First Aid/CPR
- Criminal background documentation

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 Richmond County
- Record keeping requirements
- Waste hauling requirements

Application Statement of Consent

I understand that this license is valid only in the county of application and expires two years after the date that it is issued. I also understand that any notice to be mailed to me by the Richmond County 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 Richmond County Body Art Regulations. I have read and understand the obligations and requirements imposed upon a licensed Body Artist by those regulations. I also agree to comply with all of the regulation requirements specified in the Body Art Regulations while practicing body art in the county of application.

I further understand that it is my responsibility to comply with all applicable health, safety, sanitation, sterilization, and work practice regulations as specified in the Richmond County Health Department 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.

****HEALTH DEPARTMENT PERMITS ARE NOT TRANSFERABLE REGARDING OWNERSHIP****

Signature of the Applicant: _____ Date: _____

Full Name: _____

Approved By: _____ Date: _____
Environmentalist