

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

(Office Use Only)	
Estab #	_____
Artist #	_____
Temp #	_____

Body Artist Temporary License Application

Type of Application	<input type="checkbox"/> \$25 Temporary 3-Day	<input type="checkbox"/> \$50 Guest 30-Day
Date(s) of Service*	From: _____	To: _____
*Dates of Service must be consecutive days		

Body Artist Info

First Name:	Middle Name:	Last Name:	DOB:
Mailing Address:			
City:	State:	Zip Code:	
Phone number: ()		Cell number: ()	
E-Mail:			

Richmond County Licensed Body Art Establishment & Licensed Body Artist Info

Name of Richmond County Licensed Body Art Establishment:			
Address:			
City:	State:	Zip Code:	
Phone number: ()		FAX number: ()	
Richmond County Licensed Body Art Establishment permit number:			
Name of Richmond County Licensed Body Artist:			
Mailing Address:			
City:	State:	Zip Code:	
Phone number: ()		Cell number: ()	
E-Mail:			
Richmond County Licensed Body Artist license number:			

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 or Certified Emergency Medical Services servicing the event

Knowledge About and/or Experience In

(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 Richmond County. 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 read and understand the obligations and requirements imposed upon a licensed Body Artist as specified in the Richmond County Health Department Body Art Regulations. I also agree to comply with all of the regulation requirements specified in the Body Art Regulations while practicing body art in Richmond County.

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