

Richmond County Health Department
 Division of Environmental Health
 1916 North Leg Road, Augusta, GA 30909

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:
Mailing Address:		
City:	State:	Zip Code:
Phone Number: () _____		Cell Number: () _____
Email:		
Must provide one of the following:		
Owner Social Security Number (last 4 digits only): _____		
Drivers License ID Number: _____		
Georgia ID Card Number: _____		
Tax ID 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: () _____		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

<ul style="list-style-type: none"><input type="checkbox"/> Detailed floor plan of the establishment<input type="checkbox"/> Names of all employees working in the establishment<input type="checkbox"/> Manufacturer and model number for sterilization units<input type="checkbox"/> List of other multiple use equipment (include manufacturer and model number)<input type="checkbox"/> Contract with an approved Contaminated Waste disposal company<input type="checkbox"/> Contract with an independent commercial testing laboratory for required biological spore testing
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Knowledge and or experience in or about

<p><u>(Office Use Only)</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Universal precautions<input type="checkbox"/> Sterile conditions<input type="checkbox"/> Workstation requirements<input type="checkbox"/> Sterilization procedures (Provide example)<input type="checkbox"/> Client and body artist health related information<input type="checkbox"/> The Body Art Regulations of the Richmond County Health Department<input type="checkbox"/> Record keeping requirements<input type="checkbox"/> Waste hauling requirements

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 Richmond County Health Department Environmental Health office 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 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 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 Owner: _____ Date: _____

Full Name: _____

Approved By: _____ Date: _____
Environmentalist