

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

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

Body Art Temporary Establishment Application

Fee \$100

Temporary Establishment Location & Address

Name of Establishment: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Body Art Practiced at Temporary Location:		
<input type="checkbox"/> Tattoo	<input type="checkbox"/> Piercing	<input type="checkbox"/> Permanent Cosmetics
Dates of Event: Start Date _____	End Date _____	

Richmond County Body Artist

First Name: _____	Middle: _____	Last: _____
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: () _____	Cell: () _____	
Email: _____		
Richmond County Body Artist Permit #: _____		

Permitted Body Art Establishment Info

Name of Establishment: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: () _____		
Richmond County Body Art Establishment Permit #: _____		

Required Documentation

- Detailed floor plan showing the following:
 - Work areas
 - Hand wash stations
 - Restrooms
 - Sharps/Contaminated waste collection points

- Written details regarding:
 - Disposal of contaminated waste
 - Emergency medical services or certification in CPR/Basic First Aid & Blood Bourne Pathogen artists

- Equipment used in tattoo/piercing process must be:
 - Single service
 - Or
 - *Reusable equipment which must be:
 - Autoclaved and bagged
 - Dated

***NOTE: No sanitizing or reusing any equipment once removed from bag/package at temporary establishment**

Application Statement of Consent

I understand that this permit is valid only in Richmond County 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 Richmond County.

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: _____