

**FORM A**

**COLUMBUS DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DIVISION  
2100 Comer Ave. / Columbus, GA 31902  
706-321-6170/ Fax: 706-321-6237**

**APPLICATION FOR TATTOO STUDIO PERMIT**

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**Name of Tattoo Studio** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

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**Studio Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

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**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

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**Owner** \_\_\_\_\_ **E-mail address** \_\_\_\_\_ **Telephone No. (s)** \_\_\_\_\_

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**Authorized Agent\*** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

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**This certifies that I have made application to the Columbus Health Department for a permit to operate the above-described tattoo studio, and I grant permission to the officers and duly authorized agents of the Columbus Health Department to inspect all premises in my charge pertaining to the above-described studio. I am cognizant of the Rules and Regulations of the Columbus Health Department Board of Health relating to the tattoo studio(s), and I realize that non-compliance with said Rules and Regulations will be sufficient cause for the revocation of this permit should it be granted.**

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**Health Department PERMITS ARE NOT TRANSFERABLE regarding location or ownership.**

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Authorized Agent means the person to whom the business owner has delegated authority for the overall management of the tattoo studio.



# Columbus Department of Public Health

Beverly A. Townsend, MD, MBA, FAAFP  
Commissioner of Health

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Post Office Box 2299 - 2100 Comer Avenue - Columbus, Georgia 31902-2299  
Telephone: 706-321-6300 \* Fax: 706.321.6126

DATE: \_\_\_\_\_

Facility: \_\_\_\_\_ Owner: \_\_\_\_\_

Studio Address: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Studio Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

List the employees/artist who are responsible for carrying out the rules and policies adopted by the Columbus Health Department to include the following:

	Name	DOB	Gender	Address	Phone	Email
1						
2						
3						
4						
5						
6						
7						

Hours of Operation: \_\_\_\_\_

Days of Operation: \_\_\_\_\_