



Columbus Department of Public Health

Environmental Health

2100 Comer Avenue · Post Office Box 2299 · Columbus, Georgia 31902-2299
Telephone: (706) 321-6300 Fax: (706) 321-6126

Application Requirements for **Body Art Studio** Permit

Date: _____ Body Art Studio Name: _____

Administrative Body (Body Art Studio Owner)* _____

Body Art Studio Address: _____

The application for a **Body Art Studio Permit** must include the following:

1. ____ Notarized Verification of Residency form
2. ____ Application for Body Art Studio Permit & Employee List form
3. ____ Body Art Studio Application and Plan Review Fee \$100.00
4. ____ Copy of current weekly spore indicator for each autoclave. Not Applicable if **all** disposables will be used. Submit in writing. (See Pg. 6 of rules/regulations)
5. ____ Submit a written statement of policies and procedures outlining the responsibilities of management. (See Pg. 3 of rules/regulations)
6. ____ Submit a copy of the written cleaning schedule. (See Pg. 8 of rules/regulations)
7. ____ Copy of the verbal and written instructions for the care of the procedure site that will be provided to each customer. (See Pg. 7 of rules/regulations)
8. ____ Client Files (See Pgs.9-10 of rules/regulations):
 - Copy of client record document and statement to be used as informed consent by the individual receiving the tattoo/piercing.
 - Copy of a statement to be used by the client attesting that he/she is not under the influence of alcohol and/or drugs.
 - Copy of procedures that will be signed by the client advising them on the risks involved and possible complications that might result from the tattoo/piercing procedure.
9. ____ Copy of Notice Posting - name, address, and phone number of the local Health Department and the procedure for filing a complaint. (See Pg. 7 of rules/regulations)
10. ____ Copy of the agreement with the facility or company that will handle sharps containers as waste. (See Pg. 8 of rules/regulations)
11. ____ Floor sketch of studio showing windows, doors, room measurements, chairs, tables and equipment (eg. sinks) for clients and staff.
12. ____ Submit a signed certificate of occupancy or evidence of approval.
13. ____ Submit **approval** letter or current inspection report (with no violations noted) from the local Fire Authority.
14. ____ Water supply must be adequately protected to preclude the possibility of back siphonage. (Approval documentation from local governing authority)



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Application for **Body Art Studio** Permit

Name of Body Art Studio _____ Studio Phone # _____

Body Art Studio Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

Administrative Body (Body Art Studio Owner)* _____ E-mail Address _____ Owner's Phone # _____

Authorized Agent** _____ Phone # _____

This certifies that I have made application to the local Health Department for a Body Art Studio permit to operate the above Body Art Studio, and I grant permission to the Health Authority and duly authorized agents of the local Health Department to inspect this premise in my charge pertaining to the above address. I am cognizant of the current Body Art Studio Rules and Regulations of the local Health Department – Board of Health, 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.

Body Art Studio Permits are NON- TRANSFERABLE regarding location and ownership.

Applicant (Owner) Signature: _____ Date: _____

Hours of Operation: _____

Days of Operation: _____

* Administrative Body means the partnership, the corporation, the association, or the person or group of persons who maintain and control the tattoo/body-piercing studio and who are legally responsible for the operation of the studio.

** Authorized Agent means the person to whom the business owner has delegated authority for the overall management of the Body Art Studio



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Body Art Studio – Employees/Artists

DATE: _____

Body Art Studio Name: _____ Studio Phone #: _____

Body Art Studio Address: _____

Administrative Body (Body Art Studio Owner): _____ Phone #: _____

The administrative body shall certify in its application the name(s) and exact duties of employees/artists who have been designated as being responsible for carrying out the rules and policies adopted by the administrative body. The following information shall be included: Social Security #, DOB, gender, home address, home/work phone #'s, ID photos of all operators/technicians. (See Pg. 3 of rules/regulations)

	Employee/Artist Name	Social Security #	Position/Duties	DOB	Gender	Home Address	Home/work phone #
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Make additional copies of form if needed.