

Forsyth County Environmental Health

514 West Maple St, Ste. 500

Cumming, GA 30040

Phone: (770)-781-6909, Fax: (678)-807-7343

BODY ART ESTABLISHMENT APPLICATION

Name of Body Art Establishment: _____

Address of Body Art Establishment: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Business Phone #: _____ Email: _____

Number of stations: _____ Water Supply: Public Water Individual Well EPD Permitted Well

Owner's Name: _____

Owner's Address: _____
Street City County State Zip

Owner's Primary Phone #: _____ Owner's Alternate Phone #: _____

Name of Party Responsible for Fees: _____

Billing Mailing Address: _____
Street City County State Zip

Authorized Agent Name: _____

Authorized Agent Phone #: _____ Authorized Agent Email: _____

Hours of Operation: Mon. _____ Tues. _____ Wed. _____ Thurs. _____
 Fri. _____ Sat. _____ Sun. _____

Water Supply: Public Water Other _____

Sewage Disposal: Public Sewer Septic System (Permit # _____) Other _____

Attachments:

- Attach documentation of spore destruction tests for the sterilizer, and the independent lab, which does them.
- Attach a copy of your Driver's License or State I.D. (Owner and agent).
- Attach a complete description of all body art procedures performed.
- Attach a list of all instruments, types of sharps and all inks used for body art procedures.
- Attach a copy of all applications, medical releases, after care instructions, and paperwork you require the "client" to fill out.
- Attach a copy of contaminated biomedical waste hauler contract
- Attach a copy of the Body Artist Policy and Procedures outlining steps to be taken if the operator or technician pierces their own skin while performing a body art procedure.

Employee Information

**No person shall practice body art procedures without first obtaining an operator permit from the Forsyth County Environmental Health Department
Proof shall be provided to the Department that all operators/technicians have completed, within 7 months from the date of employment, the Hepatitis B vaccination series.

Please list all employees and their duties:

1. Full Name: _____ Title: _____ Date Employed: _____

Job Duties: _____

Operator is: Physician RN LPN PA Dr. of Osteopathy Other

Dates and locations of previous operation: _____

Comments: _____

2. Full Name: _____ Title: _____ Date Employed: _____

Job Duties: _____

Operator is: Physician RN LPN PA Dr. of Osteopathy Other

Dates and locations of previous operation: _____

Comments: _____

3. Full Name: _____ Title: _____ Date Employed: _____

Job Duties: _____

Operator is: Physician RN LPN PA Dr. of Osteopathy Other

Dates and locations of previous operation: _____

Comments: _____

4. Full Name: _____ Title: _____ Date Employed: _____

Job Duties: _____

Operator is: Physician RN LPN PA Dr. of Osteopathy Other

Dates and locations of previous operation: _____

Comments: _____

5. Full Name: _____ Title: _____ Date Employed: _____

Job Duties: _____

Operator is: Physician RN LPN PA Dr. of Osteopathy Other

Dates and locations of previous operation: _____

Comments: _____

Date: _____ Signature: _____

Print Name: _____

By signing this document you hereby agree that all information contained within is accurate and true to the best of your knowledge and certifies that you have received a copy of the Rules and Regulations pertaining to Body Art for Forsyth County Georgia.