



Kathleen E. Toomey, M.D., M.P.H., Commissioner | Brian Kemp, Governor

Lynn Paxton, M.D., M.P.H.
District Health Director

**APPLICATION FOR PERMIT TO OPERATE
A BODY ART ESTABLISHMENT**
Fulton County Board of Health
Environmental Health Services Division

**ESTABLISHMENT
INFORMATION**

Name: _____
 Address: # _____ Street _____ Room/Suite _____ City _____ State _____ ZIP Code _____
 Telephone #: _____ Fax#: _____ Email: _____
 Ownership Type (Select One): Corporation Partnership Sole Proprietor Franchise

**OWNER
INFORMATION**

Name: _____
 Address: # _____ Street _____ Room/Suite _____ City _____ State _____ ZIP Code _____
 Telephone #: _____ Fax#: _____ Email: _____

**PERMIT HOLDER
INFORMATION**

Name: _____
 Address: # _____ Street _____ Room/Suite _____ City _____ State _____ ZIP Code _____
 Work #: _____ Cell #: _____
 Email: _____ Fax #: _____

**Additional
Staff Members**

Name: _____ Title: _____ Contact Number: _____
 Name: _____ Title: _____ Contact Number: _____
 Name: _____ Title: _____ Contact Number: _____
 Name: _____ Title: _____ Contact Number: _____

I, _____, Permit Holder Name (Print) certify that all information given in this application is true and correct to the best of my knowledge.

I further understand and agree to comply with Fulton County Board of Health's Rules and Regulations for Body Art Establishments, as the holder of a permit to operate a body art establishment in Fulton County. The permit holder is defined as the person(s) or entity who possesses a valid permit to operate a Body Art Establishment and is legally responsible for the operation of the Body Art Establishment such as the owner, agent for the owner or other such authorized or designated person. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended or revoked. Furthermore, a license, which expires annually on the anniversary date of the permit issuance, shall be issued concurrently with the permit.

Preferred Contact Method: Telephone Email Fax

Permit Holder Signature

Title

Date

EHS Use Only

Establishment Code: _____ Permit #: _____ District Assignment: _____ Territory Assignment: _____
 Date of Remittance: ____ / ____ / ____ Fee Amount: _____ Check/M.O. #: _____ Invoice #: _____
 Service Code: _____ Permit Issue Date: ____ / ____ / ____ License Expiration Date: ____ / ____ / ____

