

TEMPORARY BODY ART STUDIO PERMIT APPLICATION REQUIREMENTS

The attached application is for a Temporary Body Art Studio Permit. A temporary body art studio permit may be issued for body art services provided outside of a permitted location for the purpose of product demonstration in connection with body art conventions or industry trade shows. Submit the completed application to the county health department that has jurisdiction for the location where the applicant intends to operate a temporary body art studio at least **30 days** prior to the event. This application must be accompanied by the following:

- Complete the application. Do not leave any item blank and enter "NA" for any non-applicable items.
- Each application for a permit shall be accompanied by an 8 ½" x 11" or larger page containing a detailed, to-scale floor plan of the temporary body art studio. Such plan shall show the accurate placement of each of the following: work stations and setups (chairs, tables, etc), handwashing facilities, restrooms, and shall include room measurements.
- The following rules are specific to Temporary Body Art Studios and must be met in order to receive a permit:
 - A convenient handwashing facility must be located within 30 feet of each work or demonstration area for body artist handwashing. In the absence of a hand wash station meeting the requirements of this Chapter, this facility shall consist of, at least, a catch bucket, a pressurized or gravity fed, hands-free container filled with potable water, liquid antimicrobial hand soap, and individual paper towels at the service site.
 - Only single-use, disposable, pre-sterilized supplies can be used.
- The applicant must demonstrate his or her compliance with all education, disclosure, consent, and requirements of the Georgia Department of Public Health's Rules and Regulations for Body Art (Chapter 511-3-8)



APPLICATION FOR TEMPORARY BODY ART STUDIO PERMIT

egal Name of Applicant					
egal Name of Applicant	First	Middle Initial	Last		Suffix(Sr, Jr, III)
Expiration Dates for Training:					
loodborne Pathogen/Universal Pre	ecautions://	CPR://	First Aid:	//	
ype of Government Issued Ident	tification:	E	xpiration Date:	//	
Primary Telephone #:		Email:			
lame of Temporary Studio:					
ocation of Temporary					
ocation of Temporary					
ocation of Temporary		City	County:		
ocation of Temporary Body Art Studio: Street		City	County:	State	Zip Code
Iours of Operation of Temporary S	Studio:	City	County:	State	Zip Code
ocation of Temporary Body Art Studio: Street	Studio:	City	County:	State	Zip Code

_, affirm that all the information provided in this application (including all supporting documents) is true to

(Legal Name of Applicant) the best of my knowledge. I understand that any misrepresentation, omission or concealment of material facts is grounds for denial or revocation of my Temporary Body Art Studio Permit. I have read and agree to abide by the Department of Public Health, Rules and Regulation for Body Art, Chapter 511-3-8.

Applicant Signature: ____

Date: _____