



# APPLICATION FOR BODY CRAFT STUDIO PERMIT ADDENDUM

Division of Environmental Health  
445 Winn Way, Suite 320  
Decatur, GA 30030  
(404) 508-7900  
www.dekalbhealth.net

**Notify the DeKalb County Board of Health if information on this application changes. It is unlawful to provide false information on this document. Keep a copy of this application for your records.**

<b>Establishment</b>		
Name of Establishment		
Address		
<b>Provide additional names of the body crafters providing service in your establishment.</b>		
<b>Owner Information</b>		
<b>Provide additional owner information in the space below.</b> Each owner, including partnerships, must sign the front of this application.		
Full Legal Name of Owner	% Ownership _____	
List any and all aliases ever used		
Address of Owner	Suite/Apt#	
City	State	Zip Code
Phone Number (    )	Alternate Number (    )	
Fax Number (    )	Email Address	
Full Legal Name of Owner	% Ownership _____	
List any and all aliases ever used		
Address of Owner	Suite/Apt#	
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FEES AND PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE