



APPLICATION FOR BODY CRAFT STUDIO PERMIT

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.

Establishment		
Name of Establishment		
Address		Suite
City	State	Zip Code
Phone Number ()	Email and/or Website Address	
Services Provided (check all that apply)		
<input type="checkbox"/> Tattoos <input type="checkbox"/> Piercing <input type="checkbox"/> Cosmetic Tattoos		
List the legal names of the body crafters providing service in your establishment. Each body crafter must have a permit with the DeKalb County Board of Health. List any additional body crafters on addendum.		
1.	5.	
2.	6.	
3.	7.	
4.	8.	
Owner Information		
<input type="checkbox"/> Individual Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Franchise		
List all owners and disclose the extent of ownership below. Additional owners may be added on addendum. 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#
City	State	Zip Code
Phone Number ()	Alternate Number ()	
Fax Number ()	Email Address	
Billing Information		
Name		
Address		Suite
City	State	Zip Code
Phone Number ()	Alternate Number ()	
Email		

The undersigned hereby applies for a permit to operate a Body Crafting Studio pursuant to Chapter 13, Code of DeKalb County, GA, Sections 13-300 – 13-325, Article XI, and hereby certifies that the undersigned has received a copy of the Rules and Regulations for Body Crafting. Additional space is provided below for businesses that are a partnership. If a partnership, each partner should sign and date below.

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Received by (Board of Health Official)	Date

FEES AND PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE