



# APPLICATION FOR BODY CRAFT ARTIST 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.**

Applicant Information		
Full legal name		
List any and all aliases ever used		
Date of Birth	Last 4 Digits of SSN	Sex
Address		
City	State	Zip Code
Phone Number (    )	Alternate 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		
Years of Experience:    ___ Tattooing      ___ Piercing      ___ Cosmetic Tattooing		

Employer Information (List all places where you provide body crafting services in DeKalb County. Write additional places of employment on the back of this form)		
Place of Employment/Business Name		
Address of Owner	Suite	
City	State	Zip Code
Phone Number (    )	Alternate Number (    )	
Fax Number (    )	Email Address	
Place of Employment/Business Name		
Address of Owner	Suite	
City	State	Zip Code
Phone Number (    )	Alternate Number (    )	
Fax Number (    )	Email Address	

Certification Required
<p>All body crafters are required to have a valid state-issued photo identification. Emergency first-aid, CPR and blood-borne pathogen or infection control certification are also required <b>except for those who are licensed health care professionals</b>. Certification must remain current. Please provide documentation of the following:</p> <ul style="list-style-type: none"> <li>Valid driver's license or state-issued identification</li> <li>Emergency first aid</li> <li>CPR</li> <li>Blood-borne pathogen or infection control</li> <li>Licensed Health Care Professional documentation (If applicable)</li> </ul>

**The undersigned hereby applies for a body crafter permit 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.**

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

FEES AND PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE