



APPLICATION FOR BODY ARTIST LICENSE

OFFICE USE ONLY

Date _____ Amount Paid \$ _____ DHD# _____ Authorization # _____

Invoice # _____ Check # _____ Cash MC Visa Discover Received By _____

New Application requires Verification of Residency form Renewal requires Verification of Residency form if not on file

Body Artist Information:

Name: _____
First Middle Last

Home Address: _____
Street # and Name Apt. / Unit # City / Zip Code

Mailing Address (if different from Home Address):

_____ Street # and Name Apt. / Unit # City / Zip Code

Phone #: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Email Address: _____

Employment Location(s):

Name of Establishment: _____

Establishment Address: _____
Street # and Name Suite # City Zip Code

Name of Establishment: _____

Establishment Address: _____
Street # and Name Suite # City Zip Code

Body Art Procedure(s) Performed:

Tattooing Body Piercing Cosmetic Tattooing Other _____

Photo ID is required, along with a notarized Verification of Residency Application with a copy of the supporting secure and verifiable document.

The undersigned hereby applies for a Body Art License pursuant to the current Body Art Regulations of Cobb & Douglas Public Health. A copy of the regulation may be obtained by contacting our office or by accessing our website: www.cobbanddouglaspublichealth.com.

Signature

Date