



BODY CRAFTER APPLICATION

Date: _____

Full Legal Name of Body Crafter: _____

Aliases: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Name of Body Crafting Studio: _____

Address of Body Crafting Studio: _____

Phone Number: _____

Please attach the following items to this application:

1. Copy of valid driver's license or valid state-issued photo identification
2. Copy of emergency first-aid and CPR certifications
3. Copy of blood-borne pathogen or infection control certification

The undersigned hereby applies for a body crafter permit to operate as a body crafter in a permitted body crafting studio pursuant to the Code of Newton County, Georgia, Division II, Chapter 21, Section 103(1)-Section 103(25) and hereby certifies that he/she acknowledges that they have read and understands these rules and regulations. The undersign hereby acknowledges that body crafter permits are not transferable and are no longer valid if the body crafter changes studios, ceases to operate, or fails to renew permit. The undersigned hereby agrees to return any such invalidated permit to the Newton County Environmental Health Section within seven days of the permit's becoming invalid. The undersigned hereby certifies that the information included in this application is correct and that if any deviation is made without permission from Newton County Environmental Health may nullify final approval of such permit.

Signed: _____

Title:

Date _____