



Gwinnett Environmental Health Services
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BODY ARTIST APPLICATION

APPLICATION DATE: _____

TYPE OF BODY ART: ___ TATOOING ___ BODY PIERCING ___ BOTH

BODY ARTIST NAME: _____

ALL ALIASES: _____

GENDER: _____

STUDIO OF OPERATION NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE () _____

EMAIL ADDRESS _____

TRAINING AND/OR EXPERIENCE:

MAILING/BILLING ADDRESS:

CITY, STATE, ZIP: _____

SIGNATURE _____