

BODY CRAFT STUDIO APPLICATION

Date:				
Name of Body Craft S	Studio:			
Address of Body Crat	ft Studio:			
Phone Number:				
Building Owners Nar	ne:			
Building Owners Add	lress:			
Full Legal Name of B	ody Craft Studi	io Owner:		
Mailing Address:				
corporation and the name a	and address of the re	egistered agent	ned by a corporation submit	
Email Address:				
Hours of Operation:	Sunday		Thursday	
	Monday			
	Tuesday		Saturday	
	Wednesday			
Types of Procedures	and Services off	fered:		



Please attach the following items to this application:

- 1. A quarter inch per foot scale drawing of the body craft studio (new construction only).
- 2. A complete description of all services which will be provided in the body craft studio.
- 3. If the Owner of the body craft studio is a partnership, the names and addresses of all partners; if the Owner is a corporation, the date and place of incorporation and the name and address of its registered agent in the State; or if the Owner is any type of association, the names and principals of the association.
- 4. A list containing the full names of all the employees and staff who will be working in the body craft studio.
- 5. A copy of the written statement of policies and procedures of the body craft studio The Owner's written statement of policies and procedures shall include that:
 - No person under the age of eighteen (18) shall perform body craft procedures on individuals.
 - Body Artists shall not be under the influence of alcohol and/or pharmaceuticals (legal or illegal) while performing body craft procedures.
 - No person shall perform body craft procedures on an individual who reasonably appears to be under the influence of alcohol, drugs, or for other reasons cannot give informed consent as required by O.C.G.A. §31-40-5(a)(3).
 - No animals of any kind shall be allowed in a Body Craft Studio except service animals used by persons with legally recognized disabilities so long as the service animals do not pose a clear risk to the health of the Body Artists or customers.
 - No body Craft procedure shall be performed on a person under the age of eighteen (18) without the consent of a parent or guardian. The parent or guardian must be present when the body craft procedure is performed.

The undersigned herby applies for a body craft studio permit to operate a body craft permit pursuant to the Rules and Regulations of the Newton Board of Health for Body Craft Studios and hereby certifies that he/she acknowledges that they have read and understands these rules and regulations. The undersign hereby acknowledges that body craft studio permits are not transferable and are no longer valid if the body craft studio changes name, ownership, location, or ceases to operate. The undersigned hereby agrees to return any such invalidated permit to Newton County Environmental Health 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:			