



Gwinnett Environmental Health Services

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Audrey Arona, M.D., District Health Director

BODY ART STUDIO APPLICATION

Application Date: _____ **Number of Parlors** _____

Type of Body Art: TATTOOING BODY PIERCING BOTH

BODY ART STUDIO FACILITY INFORMATION

Facility Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

LANDLORD INFORMATION (If Applicable)

Name _____

Address _____

OWNER INFORMATION

VERY IMPORTANT: MUST BE EITHER A VALID CORPORATION WHICH IS REGISTERED WITH THE SECRETARY OF STATE OR OWNER'S PERSONAL NAME. THIS INFORMATION CANNOT BE CHANGED ONCE THE FACILITY IS PERMITTED. IF CHANGED AFTER PERMITTING, IT WILL BE CONSIDERED A CHANGE OF OWNERSHIP AND ALL PLAN REVIEW AND PERMITTING FEES WILL APPLY.

CORPORATION NAME OR LLC (If Applicable) _____

OWNER'S PERSONAL NAME _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Work () _____ FAX () _____ Other () _____

E-mail _____

PARTNERSHIP (NAME, ADDRESS AND PHONE NUMBER OF ALL PARTNERS)

BILLING INFORMATION (Please note, this is the address where all bills and permits will be mailed.)

Facility Name _____ Attention _____

Address _____

City _____ State _____ Zip _____

E-mail _____

**ANY CHANGE TO OWNER NAME CONSTITUTES A CHANGE IN OWNERSHIP.
 ANY CHANGE IN OWNER/OWNERSHIP WILL REQUIRE A NEW, APPLICATION, PLAN REVIEW AND PERMITTING FEE.
 PERMITS ARE NOT TRANSFERABLE FROM OWNER TO OWNER OR LOCATION TO LOCATION.
 CONTINUED OPERATION WITHOUT A VALID PERMIT IS A VIOLATION OF FOOD SERVICE REGULATIONS AND MAY RESULT IN LEGAL ACTION**

AUTHORIZED OWNER/AGENT INFORMATION

Print Name: _____ Phone Number: _____

Sign Name: _____

Applicant's affiliation with facility (check one): Owner Contractor Architect Expeditor Other _____

ALL EMPLOYEES/STAFF

Place a "✓" in the box to indicate body artists.

✓	Name	Address	Phone Number
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			