**LIBERTY COUNTY ENVIRONMENTAL HEALTH**

**P.O. Box 221**

**Hinesville, Ga 31310**

**Phone (912) 368-5520 Fax (912) 368-5014**

**APPLICATION FOR OPERATOR/PIERCING/ARTIST PERMIT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Operator/Artist Date of Birth Sex Telephone No.

Residence Address City Zip Code

Mailing Address City Zip Code

Place(s) of Employment as an Operator/Artist

Training and/or Experience

Proof of Attendance at a blood borne pathogen training program and first aid course given or approved by the health department.

This certifies that I have made application to the Liberty County Department of Public Health for a permit as a tattoo/body piercing operator/artist. I grant permission to the officers and duly authorized agent of the Liberty County Department of Public Health to inspect the body art studio(s), and I realize that non-compliance with said Rules and Regulations will be sufficient cause for the revocation of this permit should it be granted.

Health Department PEMITS ARE NO TRANSFERABLE regarding ownership

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Authorized Agent means the person to whom the business owner has delegated authority for the overall management of the tattoo/body piercing studio.

This application, when approved, should be submitted to the proper municipal or county authority for the purpose of securing you business license. Your health department operating permit will be forwarded to you.