

CHATHAM COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENT HEALTH
1395 Eisenhower Dr. 31406 / P.O. Box 14257 / Savannah, GA 31416
912-356-2160 / Fax: 912-356-2969

(Check): Artist Renewal Owner (Artist) Renewal NEW Artist NEW Owner
 Change of Studio Name Change

(Check all Applicable): Tattooing Piercing Microblading

APPLICATION FOR OPERATOR / 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 training program, first aid course given or approved by the health department, and HEP B vaccinations or declination form signed.

This certifies that I have made application to the Chatham 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 Chatham County Department of Public Health to inspect the body art studio(s) in my charge. I am cognizant of the Rules and Regulations of the Chatham County Board of Health relating to 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 PERMITS ARE NOT 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 your business license. Your health department operating permit will be forwarded to you.