



**Georgia Department of Public Health**  
Environmental Health Section|Body Art Program  
**[dph.georgia.gov/environmental-health](http://dph.georgia.gov/environmental-health)**

## **TEMPORARY BODY ART STUDIO PERMIT APPLICATION REQUIREMENTS**

The attached application is for a Temporary Body Art Studio Permit. A temporary body art studio permit may be issued for body art services provided outside of a permitted location for the purpose of product demonstration in connection with body art conventions or industry trade shows. Submit the completed application to the county health department that has jurisdiction for the location where the applicant intends to operate a temporary body art studio at least **30 days** prior to the event. This application must be accompanied by the following:

- Complete the application. Do not leave any item blank and enter “NA” for any non-applicable items.
- Each application for a permit shall be accompanied by an 8 ½” x 11” or larger page containing a detailed, to-scale floor plan of the temporary body art studio. Such plan shall show the accurate placement of each of the following: work stations and setups (chairs, tables, etc), handwashing facilities, restrooms, and shall include room measurements.
- The following rules are specific to Temporary Body Art Studios and must be met in order to receive a permit:
  - A convenient handwashing facility must be located within 30 feet of each work or demonstration area for body artist handwashing. In the absence of a hand wash station meeting the requirements of this Chapter, this facility shall consist of, at least, a catch bucket, a pressurized or gravity fed, hands-free container filled with potable water, liquid antimicrobial hand soap, and individual paper towels at the service site.
  - Only single-use, disposable, pre-sterilized supplies can be used.
- The applicant must demonstrate his or her compliance with all education, disclosure, consent, and requirements of the Georgia Department of Public Health’s Rules and Regulations for Body Art (Chapter 511-3-8)



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## APPLICATION FOR TEMPORARY BODY ART STUDIO PERMIT

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Temporary Permit is valid for up to 7 consecutive days.

Specify Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Legal Name of Applicant \_\_\_\_\_  
First Middle Initial Last Suffix(Sr, Jr, III)

**Expiration Dates for Training:**

Bloodborne Pathogen/Universal Precautions: \_\_\_\_/\_\_\_\_/\_\_\_\_ CPR: \_\_\_\_/\_\_\_\_/\_\_\_\_ First Aid: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type of Government Issued Identification:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

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Name of Temporary Studio: \_\_\_\_\_

Location of Temporary  
Body Art Studio: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code

Hours of Operation of Temporary Studio: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Body art procedures to be performed (Check all that apply):** ☐ Tattooing ☐ Piercing ☐ Microblading

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I, \_\_\_\_\_, affirm that all the information provided in this application (including all supporting documents) is true to  
(Legal Name of Applicant)  
the best of my knowledge. I understand that any misrepresentation, omission or concealment of material facts is grounds for denial or revocation of my Temporary  
Body Art Studio Permit. I have read and agree to abide by the Department of Public Health, Rules and Regulation for Body Art, Chapter 511-3-8.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_