

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
APPLICATION  
FOR A BODY ART FACILITY LICENSE TO OPERATE**

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Date: 5/6/2020

County: Shelby

Name of Facility: -

Facility Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: AL Zip Code: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

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Name of Owner/Proprietor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: AL Zip Code: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

- TYPE OF ACTIVITY:**
- Tattooing
  - Branding
  - Body Piercing
  - Scarification
  - Other

I hereby certify that the above statements are true and correct, and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Permit Number Issued: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If Applicable: Fee Code: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

Fee Amount: \$0.00 Receipt Number: \_\_\_\_\_ Client Number: \_\_\_\_\_

Are products from this establishment distributed in intercounty commerce? YES  NO

Application Approved By: \_\_\_\_\_

Local Health Department \_\_\_\_\_

Date \_\_\_\_\_