



# ALABAMA DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR A BODY ART FACILITY LICENSE

Date \_\_\_\_\_ County \_\_\_\_\_

Name of Facility \_\_\_\_\_

Facility Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name of Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

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

## TYPE OF ACTIVITY (check all that apply)

- ☐ 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 \_\_\_\_\_

Issued Date \_\_\_\_\_

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

If applicable: Fee Code \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_  
Fee Amount \_\_\_\_\_ Receipt # \_\_\_\_\_ Client # \_\_\_\_\_

Are products from this establishment distributed in intercounty commerce? ☐ Yes ☐ No

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

Environmentalist \_\_\_\_\_

Date \_\_\_\_\_