



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 _____