

ALABAMA DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR A BODY ART FACILITY LICENSE

DATE _____ COUNTY _____

NAME OF FACILITY _____

STREET ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

NAME OF OWNER/PROPRIETOR _____

MAILING ADDRESS (if different) _____ Facility

MANAGER'S NAME _____ TELEPHONE NUMBER _____

TYPE OF PROCEDURES PERFORMED — Check all that apply:

- Tattooing (including cosmetic tattooing)
- Body piercing
- Branding
- Scarification

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 on the premises of the above named facility for inspection purposes.

Signed _____

Title _____

- LICENSE FEES:**
- \$250.00 for a new Body Art Facility license,
 - \$200.00 for a license renewal,
 - \$50.00 for a Temporary License.

FEES MUST BE PAID before the initial license, or renewal, will be issued.

For EXISTING FACILITIES in operation as of the effective date of the rules, the initial license shall be considered a PROVISIONAL LICENSE and shall not be renewed after the expiration date unless all provisions of the rules are met.

FOR OFFICIAL USE ONLY

Application Approved By: _____

License Number Issued: _____

Issue Date: _____

Local Health Department _____

Date _____

Expiration Date: _____