

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

DATE \_\_\_\_\_

JEFFERSON COUNTY

NAME OF FACILITY \_\_\_\_\_

FACILITY ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF OWNER/PROPRIETOR \_\_\_\_\_

MAILING ADDRESS (Billing) \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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 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.

<b>FOR OFFICIAL USE ONLY</b>	
Application Approved By: _____	Permit Number Issued: _____
_____	Issue Date: _____
Local Health Dept _____	Expiration Date: _____
Date _____	_____