

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

Date: _____

County: _____

Name of Facility: _____

Facility Address: _____

City/Town: _____ State: AL Zip Code: _____

Facility Phone Number: _____

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: _____

Receipt Number: _____

Client Number: _____

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

Application Approved By: _____

Local Health Department _____

Date _____