



Tattoo Artist Information Sheet

1. **Two Original Applications** Please write legibly in **BLACK** ink or type information. Answer all questions appropriately and in detail. Applications must be signed, dated, and notarized.
2. **Personal History Form** Complete one Personal History form.
3. **Photographs** Two (2) passport photos - size 2X2.
4. **Letters of Reference** May be furnished by any three (3) persons who have known the applicant for at least three (3) years. The person(s) providing the reference letter must include their name, address, & phone number.
5. **Employment Verification Letter** Letter from Tattoo Company verifying applicants employment. Letter must be written on company's letterhead
6. **Health Form**
7. **Fees**
Application Fee: \$50.00
Fingerprint Fee: \$20.00
Permit Fee: \$150.00

NOTE: Payment for fees will be accepted only in the form of a cashier's check or money order. You will need to have three separate money orders or cashier's checks in the amounts listed above. All application fees are non-refundable. The following money orders will NOT be accepted: Fidelity Express, United One, and US Express.

If there are any questions concerning the completion of these applications or to make an appointment to file the applications, please call the License and Permits Office at (404) 546-4470. Appointments are taken on Monday, Tuesday, and Wednesday.



CITY OF ATLANTA
3493 Donald Lee Hollowell Parkway
Atlanta, Georgia 30331

APPLICATION FOR TATTOO ARTIST

1. Full name of applicant: _____

Date of Birth: _____ Social Security #: _____

Race: _____ Sex: Male Female

2. Address: _____

Home Telephone # (____) _____ Cellular Telephone # (____) _____

E-mail address: _____ Driver's License #: _____

3. Name of company employed by: _____

Company Address: _____

Company Telephone #: (____) _____

4. Is applicant the minimum age of 18? YES NO

5. If booth is rented, list amount and manner in which rent is determined: _____

6. Have you ever had a tattoo artist permit denied or revoked? YES NO

If YES, provide date and explanation: _____

7. Have you been convicted of any law? YES NO

Check all that apply:

Federal Foreign Country State Law City Ordinance

If YES, provide date and explanation: _____

8. Do you have any violation(s) of the law pending? YES NO

If YES, provide date and explanation: _____

9. Have you read and fully understand the City of Atlanta ordinances, state laws, and regulations governing the operation of tattoo artist? YES NO

10. Do you agree to abide by such ordinances, laws, and regulations? YES NO

OFFICIAL OFFICE USE ONLY

INVESTIGATOR/INSPECTOR: _____ DATE RECEIVED: _____

APPLICATION STATUS: APPROVED DENIED DATE: _____

I, _____, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR/AFFIRM THAT THE FACTS AND THINGS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE OR FRADULENT STATEMENTS ARE MADE HERIN AND THAT SUCH ANSWERS WERE MANDE IN ORDER TO PROCURE GRANTING OF SUCH PERMIT.

I HEREBY AUTHORIZE THE ATLANTA POLICE DEPARTMENT, LICENSE AND PERMITS UNIT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY.

SIGNATURE OF APPLICANT

DATE

SIGNATURE AND TITLE OF PERSON OTHER THAN APPLICANT COMPLETING THIS APPLICATION

SUBSCRIBED AND SWORN BEFORE ME ON THE _____ DAY OF _____, 20__

NOTARY PUBLIC



CITY OF ATLANTA
3493 Donald Lee Hollowell Parkway N.W.
Atlanta, Georgia 30331

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Race: _____ Sex: Male Female

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SIGNATURE OF APPLICANT

DATE

SIGNATURE AND TITLE OF PERSON OTHER THAN APPLICANT COMPLETING THIS APPLICATION

SUBSCRIBED AND SWORN BEFORE ME ON THE ____ DAY OF _____, 20__

NOTARY PUBLIC



LICENSE AND PERMITS UNIT
3493 DONALD LEE HOLLOWELL PARKWAY
ATLANTA, GEORGIA 30331

ATLANTA POLICE DEPARTMENT PERSONAL HISTORY FORM

PERMIT TYPE: _____ DATE: _____

Name in FULL (Please Print) _____ Date: _____

Address: _____ Telephone: _____

Place of Birth _____ Date of Birth: _____ Age: _____
(City, State) (Day, Month, Year)

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Social Security Number: _____ Driver's License # _____

Have you been convicted of any law? YES NO

Check all that apply:

Federal Foreign Country State Law City Ordinance

If YES, provide explanation: _____

List names and addresses of employers for the past three (3) years: _____

Marital Status: _____

Spouse's Name: _____

Finger printed by: _____

Applicant Signature: _____

Date: _____

CRIMINAL HISTORY CONSENT

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? () Yes () No

Date of Occurrence: _____ City: _____ State: _____

Disposition: _____ Explain: _____

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF CITY ORDINANCE 106-90. _____

(SIGNATURE)

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
_____ [*name of government entity*], the undersigned applicant
verifies one of the following with respect to my application for a benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state)

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THE
_____ DAY OF _____, 20__

NOTARY PUBLIC
My Commission Expires: