

**CITY OF ATLANTA POLICE DEPARTMENT  
TATTOO ARTIST  
INFORMATION SHEET**

Applications must be signed, dated, notarized and filed in the License & Permits Unit. This department is located at the City of Atlanta Police Annex, 3493 Donald Lee Hollowell Pkwy, Atlanta, Georgia 30331.

1. **Duplicate Applications**                      **Answer all questions appropriately and in detail, legibly, in black ink and typed.**
  
2. **Personal History Form**                      **One personal history form, one fingerprint per applicant (each individual involved in the ownership or first five (5) officers of a corporation *and* the license/agent) must be filled out completely , signed and fingerprinted.**
  
3. **Lease of Valid Document**                      **Shows applicant has legal access to proposed premises (deed, sublease, rental agreement, letter of intent).**
  
4. **Photograph**                                      **Two (2) small photos, size 2X2**
  
5. **Corporate Papers**                              **Attach a copy of corporate charter and by laws which have been properly signed by the Secretary of State and the registered agent(s) for the corporation. List all percentages held and the title of each officer on the application.**
  
6. **Letter of Reference**                              **May be furnished by any three (3) persons who have known the applicant (agent) for at least three (3) years. Include name, address & phone number.**
  
7. **Financial Investments**                              **All applicants must furnish, at time of filing, documentation of all financial investments pertaining to the business operation. (If documents are bank statements, the six months immediately preceding the investment are required).**

If there are any questions concerning the completion of these applications, please call the License and Permits Office for assistance **(404) 546-4470**. Call for an appointment for filing the application(s). Applications are taken by appointment only. **Note: Payment for fees will be accepted only in the form of a cashier's check or money order. All application fees are non-refundable.**



**ATLANTA POLICE DEPARTMENT  
PERSONAL HISTORY RECORD**

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? Federal: \_\_\_\_\_ Foreign Country: \_\_\_\_\_ State Law: \_\_\_\_\_  
City Ordinance: \_\_\_\_\_ if so, explain: \_\_\_\_\_

\_\_\_\_\_

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) \_\_\_\_\_

SAVE Affidavit



CITY OF ATLANTA AFFIDAVIT  
VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFIT  
SUBMITTED TO DEPARTMENT OF POLICE/LICENSE AND PERMITS

By executing this affidavit under oath, as an applicant for a City of Atlanta Contract, Business License or Georgia Occupation Tax Certificate, Alcohol License, Taxi Permit, Insurance Company License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: \_\_\_\_\_.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) \_\_\_\_\_ I am a United States Citizen

OR

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. \* All non-citizens must provide their Alien Registration Number below.

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

\_\_\_\_\_

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\* \_\_\_\_\_

Alien Registration number for non-citizens

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_



**ATLANTA POLICE DEPARTMENT**  
3493 Donald Lee Hollowell Parkway  
Atlanta, Georgia 30331  
**APPLICATION FOR TATTOO ARTIST**

1. APPLICANT NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_
3. DOB: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ SS#: \_\_\_\_\_
4. NAME OF COMPANY EMPLOYED BY: \_\_\_\_\_
5. COMPANY ADDRESS: \_\_\_\_\_ COMPANY PHONE #: \_\_\_\_\_
6. CELLUAR #: \_\_\_\_\_ EMAIL: \_\_\_\_\_
7. IS APPLICANT THE MINIMUM AGE OF 18:            ( ) YES            ( ) NO
8. IF BOOTH IS RENTED, LIST AMOUNT AND MANNER IN WHICH RENT IS DETERMINED: \_\_\_\_\_  
\_\_\_\_\_
9. APPLICANT DRIVER LICENSE NUMBER: \_\_\_\_\_
10. HAVE YOU EVER HAD A TATTOO ARTIST PERMIT DENIED OR REVOKED?  
( ) YES            ( ) NO
11. IF YES, GIVE DATE AND EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_
12. HAVE YOU BEEN CONVICTED OF ANY LAW? FEDERAL: \_\_\_\_\_ FOREIGN COUNTRY: \_\_\_\_\_  
STATE LAW: \_\_\_\_\_ CITY ORDINANCE: \_\_\_\_\_ IF YES, GIVE EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. DOES APPLICANT HAVE ANY VIOLATION(S) OF THE LAW PENDING? \_\_\_\_\_  
\_\_\_\_\_
14. HAVE YOU READ AND FULLY UNDERSTAND THE CITY OF ATLANTA ORDINANCES, STATE LAWS AND  
REGULATIONS GOVERNING THE OPERATION OF TATTOO ARTIST?            ( ) YES            ( ) NO
15. DO YOU AGREE TO ABIDE BY SUCH ORDINANCES, LAWS AND REGULATIONS? ( ) YES ( ) NO

INVESTIGATOR/INSPECTOR: _____	DATE RECEIVED: _____
STATUS OF APPLICATION: _____	

**A LETTER REQUESTING YOUR EMPLOYMENT FROM THE TATTOO ARTIST MUST ACCOMPANY THIS APPLICATION.**

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 FRAUDULENT STATEMENTS ARE MADE HEREIN AND THAT SUCH ANSWERS WERE MADE 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.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY



## CITY OF ATLANTA

3493 DONALD LEE HOLLOWELL PARKWAY  
ATLANTA, GEORGIA 30331

### HEALTH CERTIFICATE FOR TATTOO ARTISTS

All new applicants for a Tattoo Artist Permit must fully comply with the following city code.  
Atlanta City Code Section 30-1287(e), which states:

“An applicant for a permit shall present to the department of police a medical certificate from a medical doctor certifying that the person is sound physically and mentally, has good eyesight and is not infected with a disease which can be communicated through openings in the human skin.”

Please schedule an appointment with your personal physician who will determine what type of examination is necessary to certify that you are free of all contagious and communicable disease.

#### THE FOLLOWING SECTION IS TO BE COMPLETED BY THE PHYSICIAN'S OFFICE.

1. Patient's Name: \_\_\_\_\_
2. Patient's Home Address: \_\_\_\_\_
3. City, State & Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, do certify that the above person is in sound mental and physical health has good eyesight and is not infected with a disease which can be communicated through openings in the human skin.

\_\_\_\_\_  
Doctor's Name(Print /Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Doctor's Office Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

State License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_