PHYSICIAN'S CERTIFICATE

I, _____, hereby certify that I am a physician licensed to practice medicine in the State of Georgia, with a true and accurate copy of my medical license attached hereto as Exhibit "A" and a copy of my driver's license attached hereto as Exhibit "B".

I have entered into an agreement with _____ ("Establishment"), located at _____, (address), and will be responsible for the supervision of the tattooing procedures conducted at the Establishment. I shall oversee compliance with all applicable health and safety regulations related to the business operations of providing tattoos, including but not limited to the proper and safe disposal of hazardous needles.

I hereby agree to remain responsible for the supervision of the Establishment until I notify the Coweta County Business and Alcohol License Department in writing that I am no longer performing such services for the Establishment.

This _____ day of _____, 20.

_____
[Physician's Name]

_____
[Physician's Signature]

Exhibit "A"

Attached copy of medical license

Exhibit "B"

Attached copy of valid driver's license