APPLICATION FOR TATTOOING PERMIT

1. Date of Application: ____________________________

2. Tattoo Artist Information:

   Name: First ____________________________ Last ____________________________ MI ________

   Mailing Address: ________________________________________________________________

       City ____________________________ State _______________ Zip ____________________________

   Telephone Number: ______ ( ______ ) ____________

3. Tattoo Establishment Information:

   Name of Establishment: __________________________________________________________

   Street Address: ________________________________________________________________

   Business Hours: ________________________________________________________________

   Number of tattoo artists in establishment ______________________

4. Anticipated Date to Begin Tattooing: ____________________________

5. Tattoo Artist Signature: ________________________________________________________

INSTRUCTIONS

Purpose: To allow tattoo artists to apply for tattooing permits as required in General Statute 130A-283 and 15A NCAC 18A .3202. A separate application must be completed for each permit.

Preparation: Each tattoo artist must complete and sign a separate application for each location where he or she will engage in tattooing within the State of North Carolina. The completed application must include the full name, mailing address and signature of the tattoo artist, the name and street address of the tattoo establishment, and the anticipated date of commencing operation.

Submission: The completed application must be submitted to the local health department in the county where the tattoo establishment is located at least 30 days before commencement of operation. The local health department may require payment of fees or additional information upon submission of the application.

Disposition: This form may be destroyed in accordance with Standard 7 of the Records Disposition Schedule published by the N.C. Division of Archives and History.

Additional forms may be ordered from: Division of Environmental Health
                                        1630 Mail Service Center
                                        Raleigh, NC  27699-1630
                                        (Courier 52-01-00)