## N. C. Department of Environment and Natural Resources Division of Environmental Health

## APPLICATION FOR TATTOOING PERMIT

1.	Date	e of Application:					
2.	Tattoo Artist Information:						
	Nam	e: First	Last			MI	
	Maili	ing Address:					
		City		State	Zip		
	Telephone Number: _(_)			-			
3.	Tattoo Establishment Information:						
	Name of Establishment:						
	Street Address:						
	Busin	Business Hours:					
	Number of tattoo artists in establishment						
4.	Antic	cipated Date to Begin Tattooing:					
5.	Tatto	too Artist Signature:					
			INSTRUCT	IONS			
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 the N.C. Division of Archives a		accordance with Standard 7 of the Records Disposition Schedule published by and History.					
Additional forms may be ordered from:			Division of Enviror 1630 Mail Service Raleigh, NC 27699 (Courier 52-01-00)	27699-1630			

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