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

APPLICATION FOR TATTOOING PERMIT

1.	Date	of Application:			
2.	Tatto	o Artist Information:			
	Name	e: First	Last	MI	
	Maili	ng Address:			
			State:		
	Telep	Telephone Number:			
3.	Tattoo Establishment Information:				
	Name of Establishment:				
	Street Address:				
	Business Hours:				
	Number of Tattoo Artists in Establishment:				
4.	Antic	cipated Date to Begin Tattooing:			
5.	Tattoo Artist Signature:				
			INCTDUCTIONS		
			INSTRUCTIONS		
Purpose:		To allow tattoo artists to apply for tattooing permits as required in General Statutes 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 of the tattoo establishment, and the anticipated date of commencin 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.			
		This form may be destroyed in N. C. Division of Archives are	n accordance with Standard 8.B.6., of the <i>Records Disposition Schedule</i> published by the d History.		
Additional Forms may be ordered from:			Division of Environmental Health 1632 Mail Service Center Raleigh, NC 27699-1632 (Courier 52-01-00)		

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