

N.C Department of Health and Human Services

Division of Public Health

Environmental Health Section

APPLICATION FOR TATTOOING PERMIT

1. Date of Application: _____
2. Tattoo Artist Information:
Name: First _____ Last: _____ MI _____
Mailing Address _____
City: _____ State: _____ Zip: _____
Daytime Number: (_____) _____ Evening Number:(_____) _____
Email address: _____
3. Tattoo Establishment Information:
Name of Establishment: _____
Address: _____
Business Hours: _____ Number of Tattoo Artists: _____
4. Anticipated Date to Begin Tattooing: _____
5. Tattoo Artist Signature: _____
6. Prior Permit #: _____ Date Current Permit Expires: _____

PICTURE ID IS REQUIRED

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 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 8.B.6., of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional Forms may be ordered from: Environmental Health Section
1632 Mail Service Center
Raleigh, NC 27699-1632 (Courier 52-01-00)