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

Phone: (910) 433-3668 / (910) 433-3618 • Fax: (910) 433-6142

APPLICATION FOR TATTOO PERMIT

(Copy of photo ID is required for first time applicants)

	□ New □ Ren	ewal	ary (Convention or Training)	
1. Date of	of Application:		<u> </u>	
2. Tattoo	Artist Information:			
First Name:	:	MI:	Last Name:	
Mailing Ad	ldress:			
City:		State:	Zip Code:	
Telephone 1	Telephone Number: ()Email Address:			
3. Tattoo	Establishment information	on:		
Name of Es	stablishment:			
Street Addr	ess:			
G.,		G	7' 0 1	
			Zip Code:	
	umber: ()			
Business H	ours:			
4. Antici	pated date to begin tattoo	ing:		
5. Tattoo	Artist Signature:			
		<u>INSTRUCTIONS</u>		
Purpose:	To allow tattoo artists to apply for tattooing permits as required in General Statues 130A-28 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:		commencement of operation. The l	department in the county where the tattoo establishment is ocal health department may require payment of fees or	
Disposition:	This form may be destroyed in accordance with Standard 8.B.6, of the <i>Records Disposition Schedule</i> published by the N.C. Division of Archives and History.			