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

## APPLICATION FOR TATTOOING PERMIT

1. Date	of Application			
2. Tatto	Artist Information:			
Name	: First	Last		MI
Maili	ng Address:			
	City	State	Zip	
Telep	hone Number :	E-mail:		
3. Tattoo	Establishment Information	on:		
Name	e of Establishment :			
Street	Address:			
Busin	ess Hours:			
Numb	per of Tattoo Artists in Est	ablishment		
4. Antic	ipated Date to Begin Tatto	oing:		
5. Tattoo	Artist Signature :			
		INSTRUCTIONS		
Purpose:		apply for tattooing permits a s rec 202. A separate application must	-	
Preparation:	on: Each tattoo artist must complete and sign a separate application for each location where he or will engage in tattooing within the State of North Carolina. The completed application m include the full name, mailing address and signature of the tattoo artist, the name and str address of the tattoo establishment, and the anticipated date of commencing operation.		application must name and street	
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:	on: This form may be destroyed in accordance with Standard 7 of the <i>Records Disposition Schedule</i> published by the N.C. Division of Archives and History.			
Additional for	ns may be ordered from	Division of Environmental He 1630 Mail Service Ce Raleigh, NC 27699- (Courier 52-01-00)	enter	

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