

APPLICATION FOR TATTOOING PERMIT

Date of Appli	cation:					
Tattoo Artist	Information:					
Name: First		Last			MI	
Mailing Addre	ess:					
City:		State:	Zip Code	:		
Telephone Nu	umber: ()		Cell Number: ()		
Email Address	s:					
Tattoo Establ	lishment Informatio	n:				
Name of Esta	blishment:					_
Street Addres	SS:					
Business Hou	rs:		Business Phone	4:		_
Number of Ta	attoo Artists in Estab	lishment:	Number of	f Sinks:		
Please specify	y: Tattoo Permit	_ Microblading	Permanent	Make Up	Other:	
Type of Wate	r (Please Check One	: Public	Existing Wo	ell		
Type of Sewa	ge Disposal (Please	Check One): Pub	lic/City Sewer	On Si	te Septic Sys	tem
Anticipated D	ate to Begin Tattooi	ng:				_
Tattoo Artist	Signature:					-
Purpose:	To allow tattoo artists to apply for tattooing permits as required in General Statutes 130A-281 and 15A NCAC 18A 3202. A separate application must be completed for each permit.					
Preparation:	Each Tattoo Artist or she will engage	•	•	• •		

street of the tattoo establishment, and the anticipated date of commencing operation. Submission: The completed application and fee must be submitted to:

must include the full name, mailing address and signature of the tattoo artist, the name and