

APPLICATION FOR TATTOOING PERMIT



Macon County
Public Health

Tattoo Artist Information:

Name: _____

Mailing Address: _____

Telephone Number(____)_____

Tattoo Establishment Information:

Name of Establishment: _____

Street Address: _____

Business Hours: _____

Number of Tattoo Artist in Establishment: _____

Anticipated Date to Begin Tattooing: _____

Tattoo Owner/Artist Signature: _____ Date: _____

Type of water supply: City____ On Site_____

Sewage Disposal: City____ On-site_____



FOR OFFICIAL USE ONLY

Application received: (date)_____ (initials)_____ Type of Water Supply: _____

Date Assigned: _____ Assigned to EHS: _____

Copy of applicable rules mailed: _____ or given _____ Date: _____

Fee Payment Received: _____ Date: _____