## **APPLICATION FOR TATTOOING PERMIT**

1.	Date of Application			
2.	Tattoo Artist Information: Name: First	_ Last	MI	
	Mailing Address			
	City	Stat	e Zip	
	Telephone Number ()			
3.	Tattoo Establishment Information : Name of Establishment			
	Street Address			
	Business Hours			
Number of Tattoo Artists in Establishment				
4. Anticipated Date to Begin Tattooing				
	Tattoo Artist Signature			_
==== Purpo	se: To allow tattoo artists to apply 15A NCAC 18A.3202. A separa	<b>INSTRUCTIONS</b> for tattooing permits as		======================================
Prepa	ration: Each tattoo artist must complete will engage in tattooing within t the full name, mailing address a tattoo establishment and the an	he State of North Caroli and signature of the tatto	na. The completed application of artist, the name and street	ion must include
Submi	ssion: The completed application must where the tattoo establishment i The local health department may submission of the application.	s located at least 30 days	before commencement of op	peration.
Dispos	ition: This form may be destroyed in ac published by the N.C. Division o		-	e Schedule
Additi	onal forms may be ordered from: Div	ision of Environmental 1 1630 Mail Service Co Raleigh, NC 27699-1	enter	

(Courier 52-01-00)