

TEMPORARY APPLICATION FOR TATTOOING PERMIT

1. Date of Application: _____
 2. Tattoo Artist Information:
Name: First _____ Last _____ MI _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: (____) _____ Email _____
 3. Tattoo Establishment Information:
Name of Establishment: _____
Street Address: _____
Business Hours: _____
Number of Tattoo Artists in Establishment: _____
 4. Dates to Begin and End Tattooing: _____
 5. Tattoo Artist Signature: _____
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INSTRUCTIONS

- Purpose:** To allow tattoo artists to apply for tattooing permits as required in General Statutes 130A-283 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:** **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:** This form may be destroyed in accordance with Standard 8.B.6., of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Please communicate with healthinspector@dconc.gov for application submittal and payment information or call 919-560-7800

This application is valid for THREE MONTHS, all other rules apply.

