



Buncombe County Health & Human Services

Public Assistance & Work Support Strategies ~ Public Health ~ Social Work Services ~ Veterans Services

TATTOO ESTABLISHMENT INFO SHEET*

Tattoo Establishment Information:

Name of Establishment: _____

Street Address: _____

Business Hours: _____

Please list any artist who is actively tattooing in establishment (include guest artists and apprentices):

- Artist Name: _____
- Artist Name: _____
- Artist Name: _____
- Artist Name: _____
- Artist Name: _____
- Artist Name: _____
- Artist Name: _____
- Artist Name: _____
- Artist Name: _____
- Artist Name: _____
- Artist Name: _____
- Artist Name: _____
- Artist Name: _____

***Tattoo Establishment Info sheet must be submitted with each tattoo application**