



Buncombe County Health and Human Services

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

Stoney Blevins

Health and Human Services Director

DATE: _____

NAME OF TATTOO PARLOR: _____

ADDRESS OF PARLOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ OWNER'S NAME: _____

**** IF YOU RELOCATE, YOU MUST NOTIFY BUNCOMBE
COUNTY ENVIRONMENTAL HEALTH AT: (828) 250-5016**
PERMIT FEE - \$250.00**

NAME OF TATTOO ARTIST: _____ DATE OF BIRTH: _____

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P.O. Box 7408, Asheville, NC 28802
(828) 250-5500

buncombecounty.org

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health & Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

N.C. Department of Health and Human Services
Division of Public Health
Environmental Health Section

APPLICATION FOR TATTOOING PERMIT

1. Date of Application: _____
 2. Tattoo Artist Information:
Name: First _____ Last _____ MI _____
Mailing Address: _____
City: _____ State: _____ 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: _____
 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.

Additional Forms may be ordered from: Environmental Health Section
1632 Mail Service Center
Raleigh, NC 27699-1632
(Courier 52-01-00)