

Date of Application:

Buncombe County Health & Human Services

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

APPLICATION FOR TATTOOING PERMIT

PERMIT FEE - \$250.00

Tattoo Arti	st Information:		
	St Information.	Last	MI
City:		State:	Zip:
Telephone Number:		Email Address:	
Tattoo Esta	blishment Information		
Name of Est	tablishment:		
Street Addre	ess:		
Business Ho	ours:		
Number of 7	Γattoo Artists in Establish	nment: (attach completed Tattoo Estab	olishment Info Sheet)
Anticipated	Date to Begin Tattooing:		
Tattoo Artis	t Signature:		
IF YOU RE		RED TO REAPPLY FOR A NEW PERMIT WHICH INC OF \$250.00 INCOMBE COUNTY ENVIRONMENTAL HEALTH AT EHREQUEST@BUNCOMBECOUNTY.ORG**	
		INSTRUCTIONS	
Purpose:	To allow tattoo artists to apply for tattooing permits as required in General Statutes B0A-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 destroye	d in accordance with Standard 8.B.6., of the Records D	Disposition Schedule published by the

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