



APPLICATION FOR TATTOOING PERMIT

TATTOO ARTIST INFORMATION:

First Name: _____ Last Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

Anticipated Date to Begin Tattooing: _____ Date of Permit Expiration: _____

Tattoo Artist Work Schedule:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

TATTOO ESTABLISHMENT INFORMATION:

Name of Establishment: _____ Booth Number: _____

Street Address: _____

City: _____ State: NC Zip: _____

Telephone Number: _____ Email Address: _____

Number of Tattoo Artists in Establishment: _____

Business Hours:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Water Supply: ☐ Municipal ☐ Well Sewer: ☐ Municipal ☐ On-site System

EACH TATTOO ARTIST MUST SUBMIT AN APPLICATION TO YADKIN COUNTY ENVIRONMENTAL HEALTH 30 DAYS PRIOR TO ANTICIPATED COMMENCEMENT OF OPERATION. A PERMIT MUST BE OBTAINED ANNUALLY BY THIS DEPARTMENT. A \$200.00 FEE MUST BE SUBMITTED ALONG WITH THIS COMPLETED APPLICATION.

Tattoo Artist Signature: _____ Date: _____

Requirements can be found at: <http://www.deh.enr.state.nc.us/rules.htm>