N. C. Department of Environment and Natural Resources Division of Environmental Health



APPLICATION FOR TATTOOING PERMIT

1.	Date	e of Application: 7-30-18		
2.	Tatto	ttoo Artist Information:		
	Nam	ne: First <u>Terry</u>	Last Corhiss MI R	
	Mail	ing Address: 1924 A	utry Rd.	
			State N.C. Zip 17546	
	Telep	phone Number: (9/2) 303-2	2/32	
3.	Tatto	Γattoo Establishment Information:		
	Nam	Jame of Establishment: Southern Son Tattoo Statio		
Street Address: 1901 N. Main St L."//		et Address: 1901 N. M.	ein st hillington	
	Business Hours: Tue - 347 11,00 - 9,00		11:00-9:00	
Number of tattoo artists in establishment/		ber of tattoo artists in establishme	ent	
	Anticipated Date to Begin Tattooing: 9-1-18			
5.	Tattoo Artist Signature: Topk loff.			
			INSTRUCTIONS	
Purpose:		To allow tattoo artists to apply for tattooing permits as required in General Statute 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 address 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 7 of the <i>Records Disposition Schedule</i> published the N.C. Division of Archives and History.				
Additional forms may be ordered from:			Division of Environmental Health 1630 Mail Service Center Raleigh, NC 27699-1630 (Courier 52-01-00)	