

**Alexander County Health Department  
Application for Tattooing Permit**

Alexander County Environmental Health  
6125NC Hwy 16 S., Taylorsville, NC 28681  
(828) 632-1000 ext. 311

Fee \_\_\_\_\_

Receipt \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_

1. Date of Application: \_\_\_\_\_

2. Tattoo Artist Information:

Name: First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

---

**INSTRUCTIONS**

**Purpose:** To allow tattoo artist 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 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.