



# APPLICATION FOR TATTOO PERMIT

Brunswick County Health Services, Environmental Health Section  
25 Courthouse Drive NE ▪ P. O. Box 9  
Bolivia, NC 28422  
(910)253-2150  
Email: env-health@brunswickcountync.gov

Complete and submit the following application and \$250.00 permit fee to the above address.

Type of Application: New \_\_\_\_\_ Renewal \_\_\_\_\_

Date of Application: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Numbers of Tattoo Artists in Establishment: \_\_\_\_\_

Artist Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated Date to Begin Tattooing: \_\_\_\_\_

Tattoo Artist Signature: \_\_\_\_\_

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## 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 N.C. 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.

ID# \_\_\_\_\_

## TATTOO ARTIST DATA SHEET

Complete and submit with Tattoo Permit Application

### ARTIST INFORMATION:

Name: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Tattoo training/bloodborne pathogen class:

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

Name/location of establishment where previously employed: \_\_\_\_\_

### FACILITY INFORMATION:

Water Supply: \_\_\_\_\_ County/Community \_\_\_\_\_ Private Well\*

\*Private water supply wells must comply with the construction requirements of 15A NCAC 18A .1700 and 15A NCAC .0100 2C.

Sewage Disposal: \_\_\_\_\_ County/Community \_\_\_\_\_ On-Site System\*

\*On-site wastewater systems must be specifically approved for the proposed use and be permitted by the department or other regulatory agency.

### TATTOO EQUIPMENT & PROCEDURES:

Number of artists in establishment: \_\_\_\_\_

Number of dedicated hand wash sinks provided in tattooing area(s): \_\_\_\_\_

Disinfectant(s) to be used: \_\_\_\_\_

Germicidal solution to be used on patron: \_\_\_\_\_

What type of tattooing equipment to be used: \_\_\_\_\_ Disposable \_\_\_\_\_ Multi-use\*

If multi-use equipment will be used provide the make/model number of the autoclave:

\_\_\_\_\_  
Name, address, telephone number of company contracted to process autoclave endospore tests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Attach a copy of the current test result for the autoclave to this application.

Is there a separate dedicated sink for cleaning equipment? \_\_\_\_\_

If yes, describe equipment and location: \_\_\_\_\_

\_\_\_\_\_

What will be used to cover a tattooed area once complete: \_\_\_\_\_

Will microblading be offered? \_\_\_\_\_

If yes, describe equipment that will be used: \_\_\_\_\_

\_\_\_\_\_

Will permanent make-up equipment be used? \_\_\_\_\_

If yes, provide make/model of machine(s): \_\_\_\_\_