

**Edgecombe County Health Department
2909 Main Street
Tarboro, NC 27886
Phone: (252) 641-7573 Fax: (252) 823-2077**

APPLICATION FOR TATTOOING PERMIT

Date of Application: _____

Tattoo Artist Information:

Name: First _____ Last _____ MI _____

Mailing Address: _____

Telephone Number: () _____

Tattoo Establishment Information:

Name of Establishment: _____

Street Address: _____

Directions: _____

Business Hours: _____

Number of Tattoo Artists in Establishment: _____

Anticipated Date to Begin Tattooing: _____

Tattoo Owner/Artist Signature: _____ Date: _____

Type of water supply: City _____ On-Site _____

Sewage Disposal: City _____ On-Site _____

FOR OFFICIAL USE ONLY

Application received: (date) _____ (initials) _____ Type of Water Supply: _____

Date Assigned: _____ Assigned to EHS: _____

Copy of applicable rules mailed: _____ or given _____ Date: _____

Fee Payment Received: _____ Date: _____

Permit Application Fee: \$200.00 Owner/Artist