

**APPLICATION FOR TATTOOING PERMIT  
(Polk County)**

**MARK ARTIST TYPE**

**RENEWAL** \_\_\_\_\_  
**NEW** \_\_\_\_\_

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

1. Tattoo Artist Information:

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

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

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ (MARK ONE: Cell \_\_\_\_ Home \_\_\_\_ Business \_\_\_\_)

E-mail Address: \_\_\_\_\_

2. Tattoo Establishment Information:

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

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Days/Hours: \_\_\_\_\_ Business Telephone #: (\_\_\_\_) \_\_\_\_\_

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

3. Anticipated Date to Begin Tattooing (New Artist): \_\_\_\_\_

4. PROPOSED or RENEWING Artist Signature: \_\_\_\_\_

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**INSTRUCTIONS**

**Purpose:** To allow tattoo artists to apply for tattooing permits as required in General Statutes 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 health department at least 30 days before commencement of operation. The Parlor fee is **\$400.00**, and the **artist fee is \$200.00**.

**Disposition:** This form may be destroyed in accordance with Standard 8. B.6., of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Completed Forms and payment can be mailed to:

Polk County Public Health  
Environmental Health  
35 Walker Street  
Columbus, NC 28722