



**EDGECOMBE COUNTY HEALTH DEPARTMENT**

a division of the  
Edgecombe County Human Services Agency  
Po Box 100  
122 E. St. James Street  
Tarboro, NC 27886  
252-641-7511



**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**