

Alamance County Health Department
Environmental Health Section
209 N. Graham-Hopedale Road
Burlington, NC 27217

Fax: (336) 570-6362

Phone: (336) 570-6367

www.alamance-nc.com

APPLICATION FOR TATTOOING PERMIT
\$150.00 NO REFUNDS

1. **Date of Application:** _____

2. **Tattoo Artist Information:**

Name: First _____ Last _____ MI _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____

Email: _____

3. **Tattoo Establishment Information:**

Name of Establishment: _____

Street Address: _____

Business Telephone Number: () _____

Business Hours: _____

Number of Tattoo Artists in Establishment: _____

Business Email: _____

4. **Anticipated Date to Begin Tattooing:** _____

5. **Tattoo Artist Signature:** _____

ALAMANCE COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR PERMITS

PROPER PHOTOGRAPHIC IDENTIFICATION IS REQUIRED

I certify that I am the owner, have contracted to purchase, or have been contracted by the owner of the property to provide a service on the property referenced herein and that such service requires a permit issued by the Alamance County Health Department for the following permits: Soil/Site Evaluation-Improvement; Authorization to Construct; Well Permit; Manufactured Home Park Permit; Existing Wastewater System Inspection; Water Sample; Tattoo; Swimming Pool; Swimming Pool Plan Review; Food Services, Child Care, Rest Home, etc. Plan Review and Permit.

Name _____ Phone # _____
(Applicant)

Mailing Address _____

Agency/Firm _____

Property Owner _____
(If different From Applicant)

I certify that all of the information set forth on this form is accurate.

(Signature)

DOB _____ ID _____ Verified By: _____
(NC Drivers License or Photo ID) (Initial)