



HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Lena H. Jones, MPA • Health Director

Parcel Id #: _____

Permit #: _____

APPLICATION FOR TATTOOING PERMIT

Purpose: To allow tattoo artist to apply for tattooing permits as required in GS 130A-238 and 15A NCAC 18A .3202.
Preparation: Each artist must complete a separate application.
Submissions: *Initial* application must be submitted by artist at least **30 days before anticipated commencement** of tattooing. *Renewal* application must be submitted at least **30 days prior to expiration date of the existing permit**.
Disposition: This record may be destroyed in accordance with Standard 8.B.6., of the *Records Disposition Schedule* published by the NC Division of Archives and History.

ARE YOU APPLYING FOR:

- ☐ INITIAL APPLICATION (to conduct tattooing in new location) – *begin at PRILIMINARY APPROVALS*
☐ RENEWAL APPLICATION (renewal in same location) - *skip to SUBMITTAL REQUIREMENTS*

PELIMINARY APPROVALS REQUIRED (for initial application only):

- The Lincoln County Zoning Office must be contacted for approval to conduct tattooing at the establishment location. Written approval required.
- The Lincoln County Department of Planning and Inspections must be contacted for approval. Written approval required.

SUBMITTAL REQUIREMENTS:

- Completed Application by each Artist
- Application fee: \$275.00 per Artist/Application
- Written approval from Zoning to allow tattooing at this location
- Floor plan required by owner or solo artist (for initial use only) detailing the layout of the tattooing room(s) including location of all equipment

ESTABLISHMENT INFORMATION

(for initial application only) – *skip section if applying for permit where other artist are permitted*

To be completed by owner

1. Water Supply: ☐ Municipal ☐ *Onsite Well (*water sampling required)
2. Sewage Disposal: ☐ Municipal ☐ Onsite waste water system (septic system)
3. Solid Waste disposal shall be handled in accordance with 15A NCAC 13B. Initial _____
4. Provide a floor plan detailing the layout of the tattooing room(s) or entire establishment (if the entire facility is used for tattooing).



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BUSINESS INFORMATION

1. Date of Application: _____
2. Name of Tattooing Establishment: _____
Address of Establishment: _____ NC _____
Business Hours: _____
Number of Tattoo Artists in Establishment: _____
3. Name of Artist: First _____ Last _____ MI _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Day-Time Phone: _____ Alt Phone: _____
Email: _____
4. Anticipated Date to Begin Tattooing: _____
5. Tattoo Artist Signature: _____

REQUIREMENTS & OPERATION

To be completed by each tattoo artist

4. Construction: **(Check each item below to verify standards are met)**
 - ☐ At least one tattooing room.
 - ☐ Tattooing room separate and apart from all other areas and access restricted.
 - ☐ Separate work station for each patron within the tattooing room.
 - ☐ Furniture and furnishings easily cleanable, in good repair and kept clean.
 - ☐ At least one lavatory with mixing faucets supplied with hot and cold running water under pressure.
 - ☐ At least **one lavatory provided for every five artists** for handwashing and utensil washing.
 - ☐ Lavatories accessible to tattooing room such that artist can wash their hands and return to tattoo room without having to touch anything with their hands.
 - ☐ Lavatories in good repair, kept free of storage and access restricted to tattoo artists only.
 - ☐ Poisons, including germicidal solutions shall be stored in covered containers with labels identifying the contents.
 - ☐ The floor of tattooing room shall be of impervious material and maintained in clean condition at all times.

5. Operation: **(Check all that apply)**

- ☐ Traditional Tattooing
- ☐ Microblading
- ☐ Autoclaving will be used for sterilization of needle bar tube and needle bar of tattooing machine (testing will be/has been conducted and results provided to health department)
- ☐ Once monthly testing will be conducted using an endospore-impregnated strip.
- ☐ Disposable instruments will be used; autoclaving not required.

6. For Record Retention, Maintenance, Tattooing Procedures and Procedures When Infection Is Suspected, please access The *NC Rules Governing Tattooing* 15A NCAC 18A .3200 via <http://ehs.ncpublichealth.com/faf/pti/pools.htm> or request a copy from Environmental Health.

More information about tattooing and body piercing in NC can be found at:

<https://ehs.ncpublichealth.com/faf/pti/tattoos.htm>