



TOE RIVER HEALTH DISTRICT
Avery & Mitchell County
Health Departments



APPLICATION FOR TATTOOING PERMIT

Tattoo Artist Information:

First Name: _____ Last Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ - _____ - _____ Email Address: _____

Anticipated Date to Begin Tattooing (First Time)*: _____

Date of Permit Expiration (For Renewals)*: _____

**PLEASE NOTE THAT APPLICATIONS MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO ANTICIPATED COMMENCEMENT DATE OR 30 DAYS PRIOR TO PERMIT EXPIRATION DATE IN ORDER FOR AN INSPECTION TO OCCUR AT THE TIME REQUESTED*

Tattoo Artist Schedule

| SUN | MON | TUE | WED | THUR | FRI | SAT |
|-----|-----|-----|-----|------|-----|-----|
| | | | | | | |

Tattoo Establishment Information:

Has this facility had artist(s) permitted before: ____ Yes ____ No*

*IF NO, PLEASE SUBMIT:

- 1) Drawing showing the layout of the tattoo(s), hand sink, utensil cleaning area and storage areas
- 2) Release/ Consent Forms for Patrons

Name of Establishment: _____ Booth Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ - _____ - _____ Email Address: _____

Number of Tattoo Artists in Establishment: _____ *If more than 5, additional hand sink(s) required.

Tattoo Artist Schedule

| SUN | MON | TUE | WED | THUR | FRI | SAT |
|-----|-----|-----|-----|------|-----|-----|
| | | | | | | |

Water Supply: ____ Municipal ____ Well * **Wastewater:** ____ Municipal ____ Onsite System / Septic

***WELLS AND SEPTIC SYSTEMS MUST HAVE PRIOR APPROVAL BEFORE THIS APPLICATION IS SUBMITTED.*

Garbage Disposal Method: ____ Trash Cans ____ Dumpster



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SERVICES PROVIDED AND TECHNIQUES USED (PLEASE SELECT ALL THAT APPLY):

- Tattooing
Permanent Cosmetics - Eyes Lips Other (please explain):
Areola Pigmentation Scalp Shading Scar Camouflage
Beauty Mark Placement Microblading
Other (please explain):

TATTOOING PROCEDURES

- 1. What type of tool or instrument is used:
Electric (please provide make & model number):
Non-Electric (please provide the product name):
2. What type of needle bars or tubes are used (please check all that apply):
Disposable Reusable*
*How will endospore tests be conducted and record on at least a monthly basis for the autoclave:
3. Will any stencils or pens be used to transfer the design or draw outlines: Yes* No
*Please note stencils or pens must be disposable. Provide individual ones during permitting inspection.
4. What type of product will be used to clean the skin:
5. Will any shaving of hair occur: Yes* No
*Please note razors must be disposable. Provide individual ones during permitting inspection
6. What type of post procedure care is provided (ointment, sterile bandages, individual adhesive, etc):
7. How has artist been educated or trained on blood and bodily fluid precautions?
8. Is hand soap anti-septic or anti-bacterial? Yes No* *If no, please switch out prior to inspection.
9. Are the following already provided: Yes No* *If no, provide prior to inspection.
Individual Nailbrush AND Individual Nail File OR Orange Stick
10. Which one does artist wear during procedure: Gown / Coat Lapcloth

Each Tattoo Artist Must Submit An Application to the Corresponding Toe River Health Department 30 Days Prior To Anticipated Commencement Of Operation.
A Permit Must Be Obtained Annually By This Department.
A \$500 Artist Fee Must be Submitted Along With This Completed Application.
PermitsAre Non-Transferable To Another Establishment.

Tattoo Artist Signature: Date: