

AppHealthCare

Appalachian District Health Department

Alleghany County

157 Health Services Rd
P.O. Box 309 (mailing)
Sparta, NC 28675
336-372-5641(phone)
336-372-7793 (fax)

Ashe County

626 Ashe Central School Rd
P.O. Box 208 (mailing)
Jefferson, NC 28640
336-246-3356 (phone)
336-846-1039 (fax)

Watauga County

126 Poplar Grove Connector
P.O. Box 307 (mailing)
Boone, NC 28607
828-264-4995 (phone)
828-264-4997 (fax)

www.apphealth.com

Tattoo Permit Application

Type of Application

Annual- \$250

Temporary Artist-\$150*-Submit proposed schedule with application

**Temporary Artists are those that operate in a shop for less than 30 operating dates.*

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 Work 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 TATTOO ESTABLISHMENT PLAN REVIEW APPLICATION BEFORE PROCEEDING**

Name of Establishment: _____ Booth Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Number of Artists Booths*: _____ ** If more than 5 booths, additional hand sink(s) required.*

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? ☐ 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 APPALACHIAN DISTRICT HEALTH DEPARTMENT 30 DAYS PRIOR TO ANTICIPATED COMMENCEMENT OF OPERATION.
A PERMIT MUST BE OBTAINED ANNUALLY BY THIS DEPARTMENT.
Applicable FEE MUST BE SUBMITTED ALONG WITH THIS COMPLETED APPLICATION.
PERMITS ARE NON-TRANSFERABLE TO ANOTHER ESTABLISHMENT.**

Tattoo Artist Signature: _____ Date: _____