

AppHealthCare

Appalachian District Health Department **Environmental Health Services**

www.AppHealthCare.com

Caring for our Community

TATTOO ESTABLISHMENT PLAN REVIEW APPLICATION

THIS APPLICATION IS FOR NEW TATTOO PARLOR THAT HAS NOT BEEN PERMITTED BEFORE. APPLICATIONS SHALL BE SUBMITTED AT LEAST 30 DAYS PRIOR TO ANTICIPATED OPENING DATE.

PLEASE SUBMIT THE FOLLOWING ITEMS WITH APPLICATION:

- 1) DRAWING SHOWING THE LAYOUT OF THE TATTOO ROOM(S), HAND SINK, UTENSIL CLEANING AREAS AND STORAGE AREAS
- 2) RELEASE / CONSENT FORM FOR PATRONS
- 3) APPLICABLE FEE:
 - \$200 FOR 1-10 TATTOO STATIONS
 - \$400 FOR OVER 10 TATTOO STATIONS

Name of Establi	shment:					
Street Address:			City: _		State:	Zip:
Telephone Number:			Email Address:			
Number of Planned Tattoo Stations:			Number of Sinks accessible only to artists:			
*Note that if mo	re than 5 statio	ns are planne	ed, additional ha	nd sink(s) are r	equired.	
Water Supply:	Municipal	Well *	<u>Wastewater</u> :	Municipal	Onsite System	/ Septic *
*WELLS AND SEPTIC SYSTEMS MUST HAVE PRIOR APPROVAL <u>BEFORE</u> THIS APPLICATION IS SUBMITTED. CONTACT ENVRIONMENTAL HEALTH FOR ADDITIONAL REQUIREMENTS.						
Garbage Disposal Method: Trash Cans Dumpster FINISH SCHEDULE – Indicate floor finishes (e.g. tile, LVP, vinyl, etc.) Note that these must be impervious						
operator, etc.)					g. self-closing doo	
only artists and p				other areas in the		Touse note that
					ND THAT ANY DEVI OR RESULT IN PER	
Signature:(Owner or Response	onsible Represe	entative)]	Date:	
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