



Guilford County Department of Health & Human Services
Division of Environmental Health
1203 Maple St., 3rd Floor
Greensboro, NC 27405
(336) 641-3771

APPLICATION FOR TATTOOING PERMIT

Date of Application: _____

Renewal applications must be received at least 30 days prior to permit expiration

Once payment and application are processed, refunds may not be allowed

Mark Artist Type

New: _____

Renewal: _____

Tattoo Artist Information:

First Name: _____ Last: _____ MI: _____
(Print legibly)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Alternate phone number (if any): _____

Email Address: _____

Mark One

Cell: _____ Home: _____ Business: _____

Tattoo Establishment Information:

Name of Establishment: _____

Street Address: _____

City: _____ Zip Code: _____

Water Supply: City: _____ Private/Well: _____ Wastewater: City/Sewer: _____ Septic: _____

Business hours (include days of week and time): _____

Business telephone number: _____

Number of Artists in Establishment: _____

Type of Tattooing (check all that apply):

Tattooing: _____ Microblading: _____ Other (describe): _____

Anticipated Date to begin tattooing: _____

Signature of Artist: _____ Date: _____