



<u>OFFICE USE</u>	
Date Rcd	_____
Fee Rcd	_____
CHK #	_____

**MECKLENBURG COUNTY
Public Health**

TATTOO ARTIST EVENT PERMIT APPLICATION

- RULES**
1. An application must be filled out **COMPLETELY** for each individual proposing to practice at the event. **The artist applying must sign the application.**
 2. Fees must be submitted with all applications in order for the application to be processed.
 3. Fee refunds due to cancellations will only be approved if cancellation received before event start day.
 4. **NO SUBSTITUTIONS ARE PERMITTED.**

EVENT INFORMATION

Event Name: _____

Location/Address: _____

Event Date (s): _____

Event Hours : _____

ARTIST INFORMATION

Artist Name: _____ Telephone: () _____

Address: _____

City: _____ State _____ Zipcode _____

E-mail Address: _____

Studio Name: _____ Telephone: () _____

Address: _____

City: _____ State _____ Zipcode _____

Artist Signature: _____ Date: _____

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