



Environmental Health
 500 N. Main Street
 Suite #47
 Monroe, NC 28112
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 www.unioncountync.gov

Application Request

APPLICATION TYPE:

- NEW FOOD SERVICE ESTABLISHMENT (\$250) - Complete Plan Review application
- MOBILE FOOD UNIT / PUSH CART (\$150) - Complete Plan Review application.
- LIMITED FOOD SERVICE - (Concession Stands / Lodging) (\$75) - Submit menu.
- TEMPORARY FOOD ESTABLISHMENT (\$75) - Submit menu. **Name of EVENT:** _____
- NEW SWIMMING POOL (\$250) - Submit plans and specification sheets.
- SWIMMING POOL OPERATION PERMIT (\$275) – Submit State Application for Public Swimming Pool Operation Permit, and
- LODGING - Submit plans and menu.
- RESIDENTIAL CARE - Inspection request.
- HOSPITAL, NURSING HOME AND OTHER INSTITUTIONS **Circle applicable Establishment**
 - Hospital
 - Adult Day Care
 - Local Confinement
 - Nursing Home
 - School
- CHILD CARE CENTER - Complete Plan Review application
- TATTOOS (\$200) Complete NC application for Tattooing Permit
- CAMPS Complete Plan Review application

Additional information may be requested.

BUSINESS AND CONTACT INFORMATION

Establishment Name: _____

Current Establishment Name (If applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Owner Name: _____ **Company:** _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner Phone: (____) _____ E-Mail: _____

Designer/Contractor/Operator:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail: _____

CONTACT PERSON FOR PLAN STATUS NOTIFICATION:

Contact Person: _____ Contact Phone: (____) _____

E-Mail: _____

ESTABLISHMENT INFORMATION

Projected Start Date: _____ Projected Date for Completion OR Dates of Operation: _____

PUBLIC SEWER: YES NO **PUBLIC WATER:** YES NO **SEPTIC SYSTEM:** YES NO

Provide documentation that Establishment is on Public Sewer and/or Public Water **Occupancy:**

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. **I also agree to conform to all conditions, orders, and directions, issued pursuant to the North Carolina Rules.** I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected.

Authorized Signature: _____ Date: _____

Print Name and Title Here: _____



APPLICATION FOR TATTOOING PERMIT

1. Date of Application: _____
 2. Tattoo Artist Information:
Name: First _____ Last _____ MI _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: (____) _____
 3. Tattoo Establishment Information:
Name of Establishment: _____
Street Address: _____
Business Hours: _____
Number of Tattoo Artists in Establishment: _____
 4. Anticipated Date to Begin Tattooing: _____
 5. Tattoo Artist Signature: _____
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INSTRUCTIONS

- Purpose:** To allow tattoo artists to apply for tattooing permits as required in General Statutes 130A-283 and 15A NCAC 18A .3202. A separate application must be completed for each permit.
- Preparation:** Each tattoo artist must complete and sign a separate application for each location where he or she will engage in tattooing within the State of North Carolina. The completed application must include the full name, mailing address and signature of the tattoo artist, the name and street of the tattoo establishment, and the anticipated date of commencing operation.
- Submission:** **The completed application must be submitted to the local health department in the county where the tattoo establishment is located at least 30 days before commencement of operation.** The local health department may require payment of fees or additional information upon submission of the application.
- Disposition:** This form may be destroyed in accordance with Standard 8.B.6., of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional Forms may be ordered from: Division of Environmental Health
1632 Mail Service Center
Raleigh, NC 27699-1632
(Courier 52-01-00)