



BALTIMORE CITY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH  
 ENVIRONMENTAL INSPECTION SERVICES  
 1001 E. Fayette Street  
 Baltimore, Maryland 21202  
 (O) 410-396-4424 (F) 410-396-5986



## TATTOOING LICENSE APPLICATION

**PLEASE PRINT ALL INFORMATION CLEARLY**

BUSINESS NAME:

BUSINESS ADDRESS:

ZIP CODE:

OWNER NAME:

OWNER'S ADDRESS:

ZIP CODE:

BUSINESS TELEPHONE:

HOME TELEPHONE:

TEMPORARY LOCATION (IF APPLICABLE):

ZIP CODE:

TEMPORARY DATES (IF APPLICABLE):

EMAIL ADDRESS:

DAYS & HOURS OF OPERATION:

### REQUIRED FEES

MAKE CHECK PAYABLE TO DIRECTOR OF FINANCE

TATTOO LICENSE (ANNUAL)

\$100

TATTOO LICENSE (TEMPORARY)

\$100

APPLICATION IS HEREBY MADE TO OPERATE A TATTOO ESTABLISHMENT IN THE CITY OF BALTIMORE IN ACCORDANCE WITH THE PROVISIONS OF TITLE 13§101 OF THE HEALTH CODE OF BALTIMORE CITY, PERTAINING TO RULES AND REGULATIONS GOVERNING TATTOOING. THE APPLICANT DECLARES THAT HE/SHE HAS READ THE RULES AND REGULATIONS AND UNDERSTANDS THEIR PUBLIC HEALTH IMPORTANCE AND DECLARES THAT HIS/HER AGENTS WILL COMPLY WITH THE ORDINANCE AND THE RULES AND REGULATIONS IN THE INTEREST OF THE PUBLIC HEALTH.

X \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

↓ FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS SECTION. ↓

**APPROVED BY**

**DATE PROCESSED**

**PERMIT #**

## TATTOO ARTISTS TRAINING & EXPERIENCE

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>HOME TELEPHONE:</b>	<b>AGE:</b>
<b>YEARS PRACTICING:</b>	
<b>PRIOR WORK ESTABLISHMENT NAME:</b>	
<b>ADDRESS:</b>	
<b>BLOODBORNE PATHOGEN CERTIFICATION DATE:</b>	
PROVIDE A COPY OF CERTIFICATION WITH APPLICATION	

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>HOME TELEPHONE:</b>	<b>AGE:</b>
<b>YEARS PRACTICING:</b>	
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