

**ROBESON COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH**

**PIERCING ESTABLISHMENT
APPLICATION FOR OPERATION PERMIT**

1. Date of Application _____

2. Name of Establishment _____

Address _____

Location _____

Phone _____

Operator _____

3. Names & Addresses of Employees Performing Piercing

APPLICATION MUST BE MADE ANNUALLY

Signature of Owner/Operator _____

(type or print name)