## IDPH Iowa Department of Public Health

## **Tattoo Establishment Application Form**

Iowa Department of Public Health Division of ADPER & EH/Tattoo Program 321 E. 12<sup>th</sup> Street, Des Moines, IA 50319-0075 (515) 242-6337

Type of application (chec	ck one):	Initial $\square$	Renewal $\square$		
Please print legibly.					
Establishment Inform	nation				
Name:					
Address:					
	(City)	,	ate)	(Zip)	
			Hours:		
*Please attach list of artis	ts employed at you	r establishment. If you a	re a new establishment, p	lease attach a floor plan	
Owner One Informati	ion				
Owner Name.	(First)	(Middle)	(Last)		
Address:	` ,	, ,			
	(City)		ate)	(Zip)	
*Social Security Number	:	E	Email:		
	rity Number: Email: Cell Phone:				
*Privacy Act Notice: Disc	losure of your Soc	ial Security number on t	his license application is I	equired by 42 U.S.C. Se	ction 666(a)(13)
and Iowa Code Section 2 internal means to accurat	, ,		ection with the collection	of child support obliga	tions and as ar
Owner Two Informat					
Owner Name:					
A dalaa sa c	(First)	(Middle)	(Last)		
	(City)		ate)	(Zip)	
*Social Security Number	:	E	Email:		
			Cell Phone:		
* Required, see Privacy A					

An annual, nonrefundable application fee of \$100.00 shall be payable by check or money order to the lowa Department of Public Health. Remit fee with application form. **Cash is not acceptable**.

Mail completed application, floor plan, and fee to address shown at the top of this application. Permits expire each year on December 31st. The department will act within 60 days upon receiving a completed application. The permit to operate will be issued to a new establishment only after the establishment has successfully completed an onsite inspection. Tattoo establishment owners shall be billed \$250.00 for each tattoo establishment inspection. You may visit the website at <a href="http://idph.iowa.gov/tattoo/establishments">http://idph.iowa.gov/tattoo/establishments</a> or call (515) 242-6337 for inspection information.

## **Required Tattoo Permit Questions:**

For each "Yes" answer to the following questions, you must provide a separate statement giving full details, including dates, locations, actions, organizations or parties involved and specified reasons. At the discretion of the Bureau, more supporting information may be requested.

Has any state or other jurisdiction of the United States or any other nation ever limited restricted warned censured placed on probation suspended revoked or

otherwise disciplined a professional license or permit issued to your establis <i>If yes, include date, location, reason, current status, etc.</i>	*	
	Yes 🗆	No 🗆
Has your establishment ever been sued in connection with your tattoo profes functions in this or any other state?  If yes, include date, location, reason, current status etc.	ssional	
	Yes 🗆	No 🗆
Signature:		
I attest that this establishment will only employ appropriately permitted tatto practice tattooing activities. This establishment will encourage all artists to their certifications according to <i>Iowa Administrative Code</i> 641Chapter 22.	maintain	

I hereby certify that the information I have provided in this document, including any attachments, is true and correct. I understand that providing false or misleading information in or concerning my application may be cause for denial or revocation of certification and criminal prosecution.

establishment and tattoo artists will follow the work practice standards in *Iowa* Administrative Code 641--Chapter 22 for conducting tattoo activities at all times.

Signature of owner:	
Signature of owner 2 (if applicable):	
Date	