



**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 establishment?

*If yes, include date, location, reason, current status, etc.*

Yes  No

Has your establishment ever been sued in connection with your tattoo professional functions in this or any other state?

*If yes, include date, location, reason, current status etc.*

Yes  No

**Signature:**

I attest that this establishment will only employ appropriately permitted tattoo artists to practice tattooing activities. This establishment will encourage all artists to maintain their certifications according to *Iowa Administrative Code 641--Chapter 22*. This establishment and tattoo artists will follow the work practice standards in *Iowa Administrative Code 641--Chapter 22* for conducting tattoo activities at all times.

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.

Signature of owner: \_\_\_\_\_

Signature of owner 2 (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_