Tattoo Establishment
Change of Establishment Name

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

Type of application (check one): Establishment ☐ Mobile Unit ☐

Please print legibly.

Owner Information

Owner Name: _____
(First) (Middle) (Last)

Address: _____
_____
(City) (State) (Zip)

Social Security Number: _____ Date of Birth: _____

Telephone: _____ Cell Phone: _____

Email: _____

Privacy Act Notice: Disclosure of your Social Security number on this license application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees.

Current Establishment Name

Name: _____

Address: _____

Permit Number: _____

New Establishment Name

Name: _____

Address (If different from above): _____

Mail completed application to address shown at the top of this application. Within 30 days of a change of business name, the owner shall submit an application for a new permit. (Refer to the Iowa Administrative Code 641 – Chapter 22 for all other requirements.) Please call (515) 242-6337 if you have any questions.

Signature: _____ Date: _____