

INSTRUCTIONS TO RENEW A PERMANENT TATTOO ESTABLISHMENT PERMIT

Use the following link to access the online licensing system:

<https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp>

For assistance with finding a username or resetting a password, contact the OICO Help Desk: 515-281-5703 or 1-800-532-1174.

These instructions assume you have already created an A&A account, set up your Profile Page and linked to the Company. If you have not created an account, go back to the IDPH Regulatory Programs Page and follow the “How to create an account” instructions.

NOTE: You must use either **Google Chrome** or **Safari** when applying online.

If you need assistance navigating the licensing portal after reviewing these instructions, or linking to your existing business, contact the AMANDA Support Team: 1-855-824-4357.

STEP 1: SIGN IN

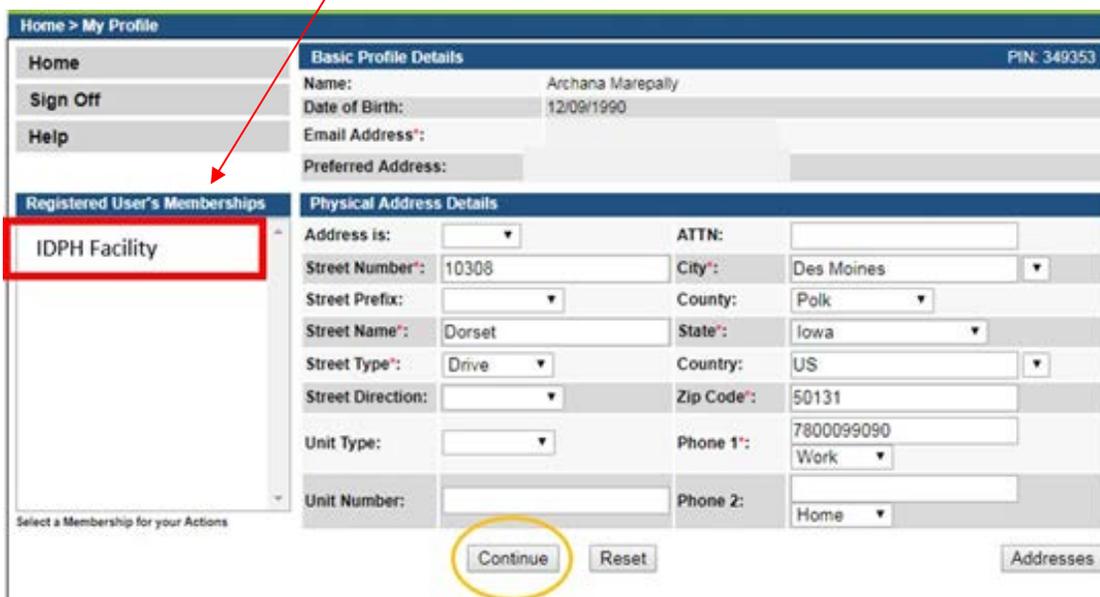
Sign In on the portal home page.



STEP 2: CHOOSE YOUR ESTABLISHMENT

On the **My Profile** page your tattoo establishment will appear under **Registered User's Memberships**. Click on tattoo establishment so it appears highlighted, then click **Continue**.

If your existing company is not listed here, please contact the Help Desk at 1-855-824-4357.



STEP 3: RENEW

Next, you will be directed to the **My Programs** page for your facility. Click **Renew** next to your active license.

Home > My Programs Archana Marepally - IDPH Facility

Home
Public Search
My Profile
Company Profile
Member Management
Apply for a Program
Sign Off
Help

Programs for IDPH Facility

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
PARM36	Archana Marepally	Tattoo Facility	Active	08/18/2017	09/30/2017	325235	Details	Online Services	Renew

Make Payment

A pop-up will appear. Click OK to **Continue**.

Are you sure you really want to renew this program?

If you do not see an option to click **Renew**, then look for the **Edit** option under the **Details** column.

Programs for Tattoo Facility

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
TAT-F-0000001	Dorothy Knight	Tattoo Facility	Active	10/24/2017	12/31/2019	Des Moines	Details	Online Services	
TAT-F-0000001	Dorothy Knight	Tattoo Facility	Renewal			Des Moines	Edit	Online Services	

Make Payment

STEP 4: APPLICATION FORM & APPLICATION FORM DETAILS

The renewal application will appear on the next screen. Click **Expand All** on the right side of the Application Form. Questions with a red asterisk * or in pink/red are mandatory.

Tattoo

Home > My Programs > Apply for Program > Application Form

Tattoo Facility - Permanent Establishments

Applicant Dorothy Knight
Facility Tattoo Facility

Home
Sign Off
Help

Application Form

▶ Affirmation
▶ Tattoo Establishment Info Details
▶ Inspection County
▶ Renewal Details.

Application Form Details

▶ TATF Mobile Event(Mobile Unit)

Attachment
Attachment Description

Cancel Continue

STEP 5: AFFIRMATION & ESTABLISHMENT DETAILS

The Application Form section is required and all questions must be answered. If you answer **Yes** to any of these questions, provide a brief description as directed. Additional details can be attached. (See Step 7.)

The screenshot shows the 'Affirmation' section of the application form. It contains five questions, each with a 'Yes' or 'No' radio button and a text input field for additional details if 'Yes' is selected. The questions are: 1. 'During the previous licensing period, did you develop a medical condition, which in any way impairs or limits your ability to perform the duties of this profession? Medical Condition means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.' 2. 'If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.' 3. 'During the previous licensing period, did you engage in the illegal or improper use of drugs or other chemical substances?' 4. 'If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.' 5. 'During the previous licensing period, were you convicted of, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250). You must answer YES, if the court expunged the matter or the court deferred judgment.' 6. 'If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.'

Your business hours and county info will appear here. (If hours have changed, please edit this section.)

The screenshot shows the 'Tattoo Establishment Info Details' section of the application form. It includes fields for 'Business Hours' (10:00 am - 9:00 pm), 'County Establishment Located In' (Polk), 'Inspection County' (Polk), and 'Renewal Details'. A red arrow points to the 'Business Hours' field. Below this section is a question: 'Do you certify that there have been no changes since prior license issuing date?' with 'Yes' and 'No' radio buttons.

STEP 6: MOBILE EVENT

This tab is for Mobile Units only – Do not complete this section.

If you are renewing a Mobile Unit, locate the correct instruction on the Regulatory Programs – Tattoo page.

The screenshot shows the 'Application Form Details' section of the application form. It includes a tab for 'TATF Mobile Event(Mobile Unit)'. Below this is an 'Attachment' section with an 'Attachment Description' table and an 'Add New Attachment' button. At the bottom, there are 'Cancel' and 'Continue' buttons, with the 'Continue' button highlighted by a red box.

When you have finished all the application form sections, click **Continue**.

A pop up message will appear. Click **OK** to continue.

The screenshot shows a pop-up message box titled 'Message from webpage'. The message asks: 'Are you sure you really want to submit all application form?'. There are 'OK' and 'Cancel' buttons at the bottom, with the 'OK' button highlighted by a red box.

STEP 7: APPLICATION FORM SUPPLEMENTAL

Click on **TATI – Contact List** to open the tab. Review the current contacts listed.

To add a new contact, click **Add** and enter the contact information. (Use the scroll bar to see additional fields.) When you have finished entering the required information, click **Save**.

If you have attachments to add, proceed to **Step 8**, otherwise click **Continue**.

Removed thru Web	Contact type	Contact First Name	Contact Last Name	Contact Phone Number	Co
<input type="checkbox"/>	Owner	Hiram	Houghton		

Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more.
Just clean all fields if you do not need a specific row or new added row.

Add **Save**

Attachment
Attachment Description

Add New Attachment

Cancel **Continue**

STEP 8: ADD ATTACHMENTS & CONTINUE

To add any required documentation, you will need to click the **Add New Attachment** button at the very end of the application form.

If there have been any changes to your establishment, please upload any supporting documentation.

Click **Add New Attachment** at the bottom of the application form.

- Click to select the **Type** of attachment and Select one of the following from the list:
- Enter a description of the file, and then Click **Choose File**.
- This will open your file explorer. Navigate to where the document you want to attach is located on your computer.
- Double click the document to attach it.

The name of the document should appear next to the **Choose File** button.

Continue this process for each document needing to be attached.

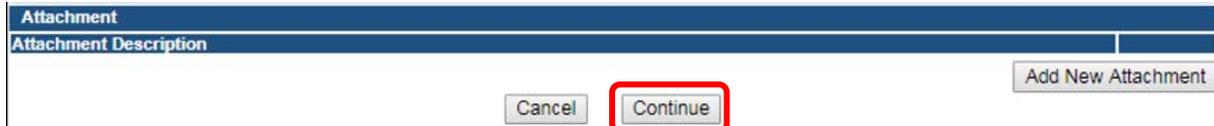
NOTE: If you attach a document in error, it cannot be removed by you. You will need to contact the IDPH Program staff to have it removed.

If you need to gather information, or add additional documentation, you can leave the application webpage and return later to complete or continue.

DO NOT CLICK CANCEL – this will void your entire application.

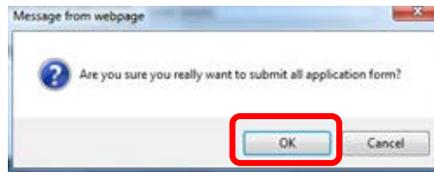
You must attach all supporting information before paying the registration fee or your application could be delayed or denied.

WHEN ALL SECTIONS OF THE FORM ARE COMPLETE, CLICK CONTINUE.



The screenshot shows a table with two columns: "Attachment" and "Attachment Description". Below the table are three buttons: "Cancel", "Continue" (highlighted with a red box), and "Add New Attachment".

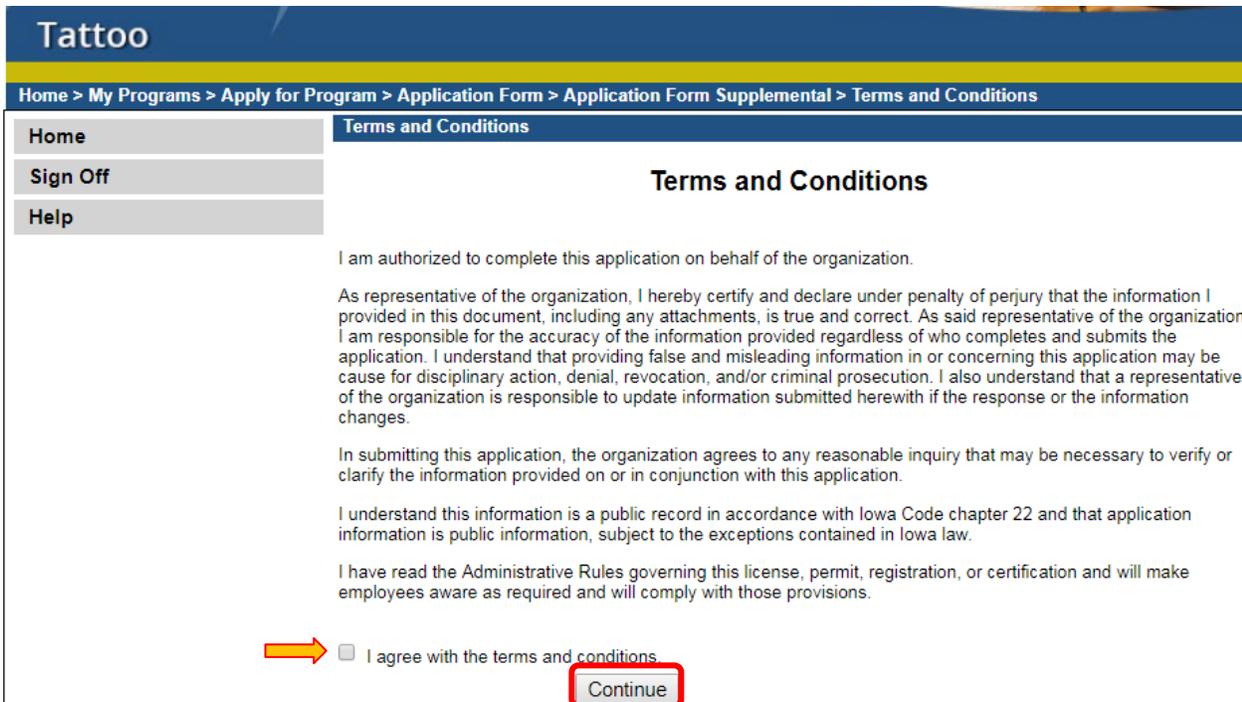
A pop-up message will appear. Click **OK**.



The pop-up message box is titled "Message from webpage" and contains the text: "Are you sure you really want to submit all application form?". It has two buttons: "OK" (highlighted with a red box) and "Cancel".

STEP 9: TERMS & CONDITIONS

Please read the terms and conditions. If you agree, click the box next to the "I agree with the terms and conditions." Then click **Continue**.



The screenshot shows the "Terms and Conditions" page for a "Tattoo" application. The page has a navigation menu on the left with "Home", "Sign Off", and "Help". The main content area contains the following text:

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions.

Below the text is a checkbox labeled "I agree with the terms and conditions." (highlighted with an orange arrow) and a "Continue" button (highlighted with a red box).

STEP 10: MAKE A PAYMENT

Select **Pay Now** if you are ready to pay. Click **Pay Now** again on the proceeding screen. You will then be directed to the online payment system.

Select **Pay Later** if you are not ready to make a payment, or need to attach additional documents. You can return to your programs page at any time and click **Make a Payment** when you are ready to pay. (**Note:** your application is not submitted until payment is made.)

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment

Home
Sign Off
Help

License Details

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full	
543286	Tattoo Facility	Mobile Units	Renewal	TATF Mobile Unit Renewal Application Fee	\$100.00	No	
Total					Fee Amount: \$100.00	Paid Amount: \$0.00	Fee Due: \$100.00

Pay Later Pay Now

After clicking the **Make a Payment** and **Pay Now** options, you will be directed to the online payment system. Choose your **Payment Method** and fill out your payment details. Click **Continue** when you have entered your payment information. Click **Confirm** on the **Review Payment** page if the payment details are correct.

Make a Payment

My Payment

State of Iowa TEST site
Amount Due: \$75.00

Payment Information

Frequency: One Time
Payment Amount: \$75.00
Payment Date: Pay Now

Contact Information

First Name: IDPH
Last Name: Test
Company: (Optional)
Address 1: 321 E 12th Street
Address 2: (Optional)
City/Town: Des Moines
State/Province/Region: IA
Zip/Postal Code: 50319
Country: US
Phone Number: 8558244357
Email Address: email.email@mail.com
[Become a Registered User](#)

Payment Method

Payment Method: Select

Continue Cancel

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the

Payment Details

Description: State of Iowa TEST site
State of Iowa TEST site
Payment Amount: \$75.00
Payment Date: 09/27/2017

Payment Method

Payer Name: IDPH Test
Card Number: *8898
Expiration Date: Aug-2018
Card Type: Visa
Confirmation Email: email.email@mail.com

Billing Address

Address 1: 321 E 12th Street
City/Town: Des Moines
State/Province/Region: IA
Zip/Postal Code: 50319
Country: United States

Contact Information

First Name: IDPH
Last Name: Test
Address 1: 321 E 12th Street
City/Town: Des Moines
State/Province/Region: IA
Zip/Postal Code: 50319
Country: United States
Phone Number: 8558244357
Email Address: email.email@mail.com

Confirm Back

The system will process the payment and provide a **Confirmation Number** – save this for your records. Click **Continue** at the bottom of the **Confirmation** screen to be taken to your receipt.

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **IOWTST004926730**

[Payment Details](#)