



# Tattoo Establishment Change of Establishment Name

Iowa Department of Public Health  
Division of ADPER & EH/Tattoo Program  
321 E. 12<sup>th</sup> Street, Des Moines, IA 50319-0075  
For questions contact: Chelsea Stevens Phone: (515) 724-3017  
Email: chelsea.stevens@idph.iowa.gov

- Mail completed application to the address above.
- The owner shall submit an application for a new permit within 30 days of a change of business name.
- Refer to the Iowa Administrative Code 641 – Chapter 22 for all other requirements.

Type of application (check one):       Establishment       Mobile Unit

## Owner Information (Please print legibly)

Owner Name <i>First</i>			<i>Middle</i>			<i>Last</i>		
Address								
City			State			Zip		
Social Security Number						Date of Birth		
Phone						Cell Phone		
Email								
<b>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.</b>								

## Current Establishment Name

Name			
Address			
City		State	Zip
Permit Number			

## New Establishment Name

Name			
Address (if different from above)			
City		State	Zip