

# INSTRUCTIONS TO APPLY FOR A TEMPORARY 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 created or linked to your Company Profile.** 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, 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 be listed on the left side under **Registered User's Memberships**. Click on the name of your tattoo establishment so it appears highlighted, then click **Continue**.

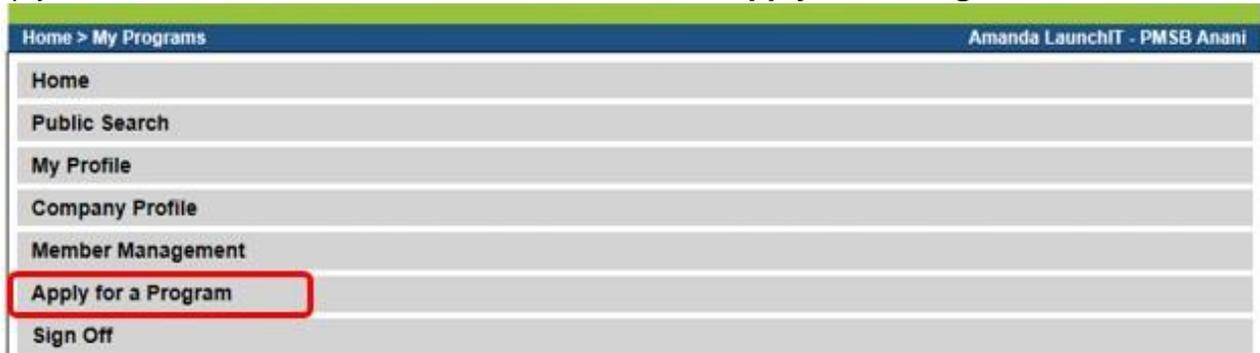


Basic Profile Details		PIN: 349353	
Name:	Archana Marepally		
Date of Birth:	12/09/1990		
Email Address:			
Preferred Address:			
Physical Address Details			
Address is:		ATTN:	
Street Number:	10308	City:	Des Moines
Street Prefix:		County:	Polk
Street Name:	Dorset	State:	Iowa
Street Type:	Drive	Country:	US
Street Direction:		Zip Code:	50131
Unit Type:		Phone 1:	7800099090
Unit Number:		Phone 2:	Work
			Home

If you need to set up a new tattoo establishment, return to the Regulatory Programs - Tattoo page <https://idph.iowa.gov/regulatory-programs>. If you believe your existing company should be listed under **Registered User's Memberships** and you do not see it, please contact the AMANDA Support Team 1-855-824-4357.

## STEP 5: APPLY FOR A PROGRAM

You will be taken to the **My Programs** page for your new company. This is where you will apply as Tattoo Permanent Establishment. Click on **Apply for a Program**.



Home > My Programs Amanda LaunchIT - PMSB Anani

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

On the next screen: Select **Program** as Tattoo Facility. Select **Program Detail** as Temporary Establishments. Click **Continue**



Home > My Programs > Apply for Program

Home | **Apply for Program** | Sign Off | Help

Program: Tattoo Facility  
Program Detail: Temporary Establishments

Cancel Continue

 Are you sure you really want to apply for this program?

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



OK Cancel

## STEP 6: APPLICATION FORM & APPLICATION FORM DETAILS

Click the **Expand All** to view all information.

Questions with a red asterisk \* or highlighted in pink are mandatory.



**Application Form** Expand All

- ▶ Affirmation
- ▶ Tattoo Establishment Info Details

**Application Form Details** Expand All

- ▶ TATF Mobile Event(Mobile Unit)

**Attachment**

Attachment Description Add New Attachment

Cancel Continue

## STEP 7: AFFIRMATION & ESTABLISHMENT DETAILS

This section is required for all license and License submissions, and all questions must be answered. If you answer **Yes** to any of the Affirmation questions, provide a brief description of all relevant activities into the text box provided below. Additional details can be provided in an attachment if necessary. (See Step 7 for instruction on how to add attachments.)

**▼ Affirmation**

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, permit, registration, or certification issued to you or the organization? \*  Yes  No

If yes, include the date, location, reason, and resolution.

Have there ever been judgments or settlements paid on your behalf or on the organization's behalf as a result of a professional liability case? \*  Yes  No

If yes, include the date, location, reason, and resolution.

Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? \*  Yes  No

If yes, provide a description of the circumstances.

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**▼ Tattoo Establishment Info Details**

Business Hours \*

I have floor plans and am attaching documentation  Yes  No

## STEP 8: MOBILE EVENT

**TATF Mobile Event(Mobile Unit) is for Mobile Units only – Do not complete this section.**

Application Form Details <span style="float: right;">Collapse All</span>				
▼ TATF Mobile Event(Mobile Unit)				
Event	Beginning Date	End Date	Number of Days	Have promotional material and have attached documentation
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input type="checkbox"/>

If you are renewing a Mobile Unit or need to add a Mobile event, please see the **Instructions to Renew a Mobile Unit & Add a Mobile Event**

## STEP 9: ADD ATTACHMENTS & CONTINUE

Copies of the following documents are required to be attached to application:

- 1) Floor Plan
- 2) Promotional documents
- 3) Artists

You may attach these document at this time, or continue completing the application and login and attach them at a later to date.

For more information on the timeline and requirements for submitting documents for this application, please visit: <https://idph.iowa.gov/tattoo>

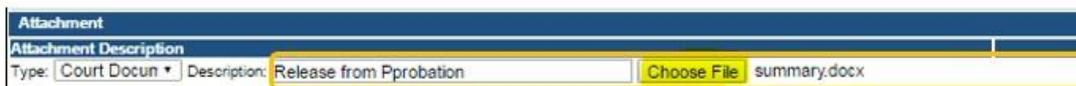
Click the **Add New Attachment** button at the very end of the application form.



- 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
- 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  button.



Continue this process for each document needing to be attached.

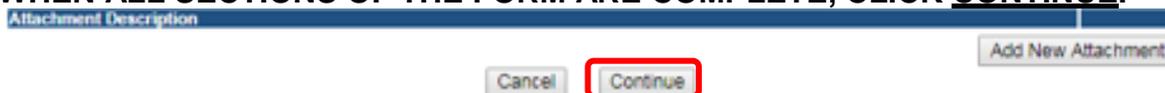
**NOTE:** If you attach a document in error, it cannot be removed by you. You will need to contact the IDPH Program staff to have it removed.

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

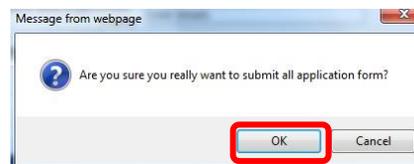
**DO NOT CLICK CANCEL** – this will void your entire application.

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.**



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



## STEP 10: APPLICATION FORM SUPPLEMENTAL

Click **Expand All** to open the tabs. Under **Temporary Establishment Event**, click **Add** and enter your event information - boxes in pink/red are required. (Use the scroll bar to see additional fields.) Click **Save** when finished.

Repeat this process for **TATF Contact List**.

**Tip:** When adding multiple contacts/events, do not click **Add** more than once before saving.

The screenshot displays a web application interface for reviewing a Temporary Establishment Application. At the top, a blue header reads "Process Free Form Description - TATF Temporary Establishment Application Review" with an "Expand All" link on the right. Below the header, there are two main sections:

- Temporary Establishment Event:** This section contains a table with five columns: "Business Hours", "I have floor Plans and attaching documentation?", "Number of Artists", "Number of Booths", and "Name of Event". The "I have floor Plans and attaching documentation?" column has radio buttons for "Yes" and "No". Below the table is a scroll bar with a yellow arrow pointing left. A text box below the scroll bar contains instructions: "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." To the right of this text are "Add" and "Save" buttons, both highlighted with a yellow box.
- TATF Contact List:** This section contains a table with five columns: "Contact type", "Contact First Name", "Contact Last Name", "Contact Phone Number", and "Contact Email Address". The "Contact type" column has a dropdown menu set to "Owner". The "Contact First Name" and "Contact Last Name" columns have red dashed boxes around them with the text "This field is required." below. Below the table is a scroll bar with a yellow arrow pointing left. A text box below the scroll bar contains the same instructions as above. To the right are "Add" and "Save" buttons, both highlighted with a yellow box.

At the bottom of the form, there is an "Attachment" section with an "Attachment Description" field and an "Add New Attachment" button. Below this are "Cancel" and "Continue" buttons. The "Continue" button is highlighted with a red box.

When you click Continue you will get the following or similar confirmation pop up message, click **OK**.

 Are you sure you really want to submit all application form?

The confirmation pop-up message is a light gray box with two buttons: "OK" and "Cancel". The "OK" button is highlighted with a yellow box.

## STEP 11: 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**.

Tattoo

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

Home

Terms and Conditions

Sign Off

### Terms and Conditions

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.


 I agree with the terms and conditions.

Continue

## STEP 12: 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.

If you are not ready to make a payment, or need to attach additional documentation, click the **Pay Later** button to be returned to your programs page. Click on Details next to your application to view your application and add additional attachments. Click **Make a Payment** when you are ready to pay.

(Note: your application is not considered 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
542533	Tattoo Facility	Permanent Establishments	New	TATF Permanent Establishment Application Fee	\$100.00	No
<b>Total</b>				Fee Amount: \$100.00	Paid Amount: \$0.00	Fee Due: \$100.00

**Payment Later Options**

On the **Make a Payment** page, choose your **Payment Method** and fill out your payment details. Click **Continue** when you have entered your payment information.

On the **Review Payment** page, click **Confirm** 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  
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  
Payment Date 09/27/2017

Payment Method

Payer Name IDPH Test  
Card Number  
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](#)

Write down your Confirmation **Number** or **print this page** for your records. Click **Continue** at the bottom of the 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

Description State of Iowa TEST site  
State of Iowa TEST site  
Payment Amount  
Payment Date 09/27/2017  
Status PROCESSED

Payment Method

Payer Name IDPH Test  
Card Number  
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

**Continue**