



## 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  
(515) 724-3017  
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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) 724-3017 if you have any questions.

Signature: \_\_\_\_\_

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