



# Tattoo Change of Ownership Application Form

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  
chelsea.stevens@idph.iowa.gov

Please print legibly.

## New 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.**

## Business Information

Business Name: .....

Are you planning to change the business name? .....

If so, what will be the new name? .....

Address: .....  
(City) (State) (Zip)

Telephone: ..... Business Hours: .....

A nonrefundable application fee of \$25.00 shall be payable by **check or money order** to the Iowa Department of Public Health. Cash is not acceptable.

Mail completed application and fee to address shown at the top of this application. Within 30 days of a change in ownership, the owner shall submit an application for a new permit. Applications may be found at <http://idph.iowa.gov/tattoo/establishments>. When a change in ownership occurs, an establishment will be required to have an inspection. Refer to the Iowa Administrative Code 641 – Chapter 22 for all other requirements. Please call (515) 724-3017 if you have any questions.

**Required Questions to be Completed by the New Owner:**

For each "Yes" answer to the following questions, you must provide a separate statement giving full details, including dates, locations, actions, organizations or parties involved and specified reasons. At the discretion of the Bureau, more supporting information may be requested.

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?  <i>If yes, include the date, location, reason, and resolution.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?  <i>If yes, include the date, location, reason, and resolution.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?  <i>If yes, provide a description of the circumstances.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Signature:**

I attest that this establishment will only employ appropriately permitted tattoo artists to practice tattooing activities. This establishment will encourage all artists to maintain their certifications according to Iowa Administrative Code 641--Chapter 22. This establishment and tattoo artists will follow the work practice standards in Iowa Administrative Code 641--Chapter 22 for conducting tattoo activities at all times.

I hereby certify that the information I have provided in this document, including any attachments, is true and correct. I understand that providing false or misleading information in or concerning my application may be cause for denial or revocation of certification and criminal prosecution.

Signature of owner: \_\_\_\_\_

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