



# Tattoo Mobile Unit Renewal Permit Application

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

- Fees must be paid by check or money order made payable to the Iowa Department of Public Health and sent to the address shown at the top of this form.
- Permits expire each year on December 31.

**Incomplete applications will be returned.**

<b>Mobile Unit Name</b>			
Address		City	State      Zip Code
Phone		Email Address	
Business Hours		EIN Number	

<b>Owner Name</b>			
Address		City	State      Zip Code
Phone		Cell Phone	
Social Security Number		Email Address	

<sup>1</sup> **Privacy Act Notice:** Disclosure of your Social Security Number on this registration application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 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, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

An annual, nonrefundable application fee of \$100 shall be payable by check or money order to the Iowa Department of Public Health. Remit fee with the application. Cash is not acceptable.

Mail completed application and fee to address shown at the top of this application. Permits expire each year on December 31. Please call (515) 724-3017 if you have any questions.

During the previous licensing period, did any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you or the	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>organization?</p> <p><i>If yes, include the date, location, reason, and resolution.</i></p>	
<p>During the previous licensing period, were there judgments or settlements paid on your or the organization's behalf as a result of a professional liability case?</p> <p><i>If yes, include the date, location, reason, and resolution.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>During the previous licensing period, did you or the organization have a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?</p> <p><i>If yes, provide a description of the circumstances.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. 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 my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

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

I understand that 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 and agree to comply with the permit requirements, work practice standards, and all other provisions of Iowa Administrative Code 641 -- Chapter 22.

**Signature of Owner** \_\_\_\_\_

**Date** \_\_\_\_\_