

2007

APPLICATION FOR PERMIT TO OPERATE A TATTOO ESTABLISHMENT

Iowa Department of Public Health
Division of Environmental Health/ Tattoo Program
321 E. 12th Street, Des Moines, IA 50319-0075
(515) 281-7726

Is this: **Mobile Unit** Yes No **Initial Application** **Renewal Application** **Change of Ownership**

Name of Establishment: (Please Print) _____

Address of Establishment: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Days and Hours of Operation: _____

Name of First Establishment Owner: _____

***Social Security Number:** _____ (See Privacy Act Notice below)

Street Address of Establishment Owner: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Name of Second Establishment Owner: _____

***Social Security Number:** _____ (See Privacy Act Notice below)

Street Address of Establishment Owner: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

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.

An application fee of \$25.00 payable to the "Iowa Department of Public Health" shall be remitted with this form. The fee is the same for initial or renewal. Mail completed application and fee to address shown at the top of this application. Permit is valid for one year and expires each year on December 31ST.

The Permit to Operate will be issued to a new establishment only after the establishment has successfully completed an onsite inspection. Tattoo establishment owners shall be billed \$200.00 for **each** tattoo establishment inspection. You may call (515) 281-7726 for information on who will be doing your inspection.

Signature of 1st Owner

Signature of 2nd Owner

Date