



Tattoo Establishment – Initial Permit Application

Iowa Department of Inspections, Appeals, & Licensing Tattoo Program 6200 Park Ave, Suite 100 Des Moines, IA 50321	For questions, contact: env.health@dia.iowa.gov
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- Permits expire annually on December 31. Renewal applications are due by December 1.
- There is an annual, nonrefundable application fee of \$100 payable by check/money order to the department listed above. There is an additional \$25/month late fee for all applications received after December 1.
- If you have allowed your permit to lapse more than 90 days there will be an additional \$25 reinstatement fee.
- A floor plan must be submitted.
- Mail fee, floor plan, and completed application to the address shown at the top of this form. Incomplete applications will be returned.

Establishment Name			
Address	City	State	Zip Code
Phone	Email		
Business Hours	EIN Number		
Owner 1 Name			
Address	City	State	Zip Code
Phone	Cell Phone		
Social Security Number	Email		
Owner 2 Name			
Address	City	State	Zip Code
Phone	Cell Phone		
Social Security Number	Email		

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.



<p>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 the organization?</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>Have there ever been judgments or settlements paid on 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>Has the organization ever had 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 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 _____

Signature of Owner 2 (if applicable) _____

Date _____