



Tattoo Establishment

New Permit Application

Mail to: DIAL
Attn: Tattoo Program
6200 Park Ave, STE. 100
Des Moines, Iowa 50321

Questions? Email: tattoo@dia.iowa.gov

- Mail the completed application, fee, and supplemental documents to the address shown at the top of this form. Incomplete applications will be returned.
- Permits for new tattoo establishments expire on December 31 of the year processed. Renewal applications are due by December 1.

Tattoo Establishment Info

Establishment Name:

Address:

City:

State:

Zip:

Establishment Phone:

Email:

Business Hours:

EIN (if available):

Tattoo Establishment Owner Info

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Zip:

Phone:

Email:

SSN:

Additional Tattoo Establishment Owner Info (if applicable)

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Zip:

Phone:

Email:

SSN:

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.

Tattoo Establishment Affirmation

Answer all 3 affirmation questions. For each “Yes” answer, follow the directions at the bottom of the question.

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?

If **Yes**, attach the date, location, reason, and resolution.

Yes No

Have there ever been judgments or settlements paid on the organization's behalf as a result of a professional liability case?

If **Yes**, include the date, location, reason, and resolution.

Yes No

Has the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?

If **Yes**, provide a description of the circumstances.

Yes No

Applications Submitted During the Renewal Period (October 1 – December 31)

The following question only applies if you are applying between October 1 and December 31. Please be aware that processing time can take up to **3 weeks** after the department receives the application.

Are you applying for the current year, next year, or both?

(If **“both,”** the application fee will be \$200)

Current Year Next Year Both

Tattoo Establishment Attachments (include with your application)

The following must be included with your application:

- Establishment floor Plan with the following labeled:
 - Square footage for each room
 - Handwashing sinks
 - Tattoo area (the room where tattooing is performed)
 - Public restrooms
 - Other patron-accessible areas (Waiting Rooms, Consultation rooms, Hallways, Etc.)

Additional floor plan requirements can be found on the tattoo program website.

- [Floor Plan Guidance Page](#)

- Permit application fee
- Documentation for any “Yes” answer(s) (if applicable)

Tattoo Establishment Permit Fees

There is a non-refundable application fee of \$100.00 payable by check or money order to the department listed at the top of the form. Do not send cash in the mail.

Renewal applications for active tattoo permits are due by December 1.

If you are applying for both the current year and the following year during the eligible period, the application fee is \$200.00 because you are applying for two permits.

Application Mailed On:	Fee Total
January 1 – September 30	\$100.00
October 1 – December 31 (Applying ONLY for the current year or next year)	\$100.00
October 1 – December 31 (Applying for BOTH the current year and next year)	\$200.00

Your application will be returned if the department receives a \$200 application fee outside October 1 – December 31.

Owner(s) Signature

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.

Owner signature: _____

Additional Owner Signature (if applicable): _____

Date _____