



Tattoo Establishment Permit Renewal Application

Mail application to: **Iowa Department of Inspections,
Appeals, & Licensing**
ATTN: Tattoo Program
6200 Park Ave, Suite 100
Des Moines, Iowa, 50321

For questions, email: tattoo@dia.iowa.gov

- The renewal period starts October 1 of each year. Renewals mailed before October 1 are returned.
- Permits expire annually on December 31. Renewal applications are due by December 1.
- Fee, application, and attachments can be mailed to the address at the top of the form. Incomplete applications will be returned.

| | | | |
|----------------------------------|-----------------|--------|------|
| Tattoo Establishment Info | | | |
| Establishment Name: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Email: | | |
| Establishment Permit Number: | Business Hours: | EIN: | |

| | | | |
|---------------------------------|------------------|--------|------|
| Establishment Owner Info | | | |
| Owner Name: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Alternate Phone: | | |
| SSN: | Email: | | |

| | | | |
|--|------------------|--------|------|
| Additional Establishment Owner Info | | | |
| Owner Name: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Alternate Phone: | | |
| SSN: | 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.



Affirmation

All questions under Affirmation must be answered or your application will be returned.

If you answer “Yes” to any of the questions below, then you must attach the associated court documents and requested information with the renewal application. The Department may request additional information and/or documentation.

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 organization?

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

Yes No

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?

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

Yes No

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?

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

Yes No

Approved Floor Plan Affirmation

I certify there have been no changes to the approved floor plan since the prior license issuing date

If No, attach your updated floor plan. An additional inspection may be required.

Yes No

Permit Reinstatement (Establishment permit lapsed for more than 90 days)

The following question applies only if your establishment permit has lapsed for more than 90 days.

Since your permit expired, has there been any tattooing in your establishment?

If Yes, include a \$25 late fee for each month lapsed.

Yes No Not Applicable

Establishment Permit Application Attachments (include with your application)

- Permit Renewal Fee
 - Check or money order payable to the agency above. Do not send cash.
- Updated floor plan if you answered **No** to **Approved Floor Plan Affirmation**.
- Documentation for any **Yes** answer(s) under **Affirmation** (if applicable).



Fees

There is an annual, nonrefundable renewal application fee of **\$100.00** payable by check or money order to the department listed at the top of the form.

There is an additional \$25/month late fee for all renewal applications mailed after December 1.

| Renewal mailed on: | Fee Total |
|--|-----------|
| October 1 – December 1 (Applications received before October 1 will be returned) | \$100.00 |
| December 2 – December 31 (+ \$25 late fee) | \$125.00 |
| January 1 – January 31 (+ \$50 late fee) | \$150.00 |
| February 2 – March 1 (+ \$75 late fee) | \$175.00 |
| March 2 and after - Permit expired (+ \$25 Reinstatement fee) You must answer the Permit Reinstatement (Artist permit lapsed for more than 90 days) question. If you answer Yes, you must include an additional \$25 late fee for each month lapsed. | \$125.00 |

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.

Applicant Signature _____

Date _____