



## Temporary Establishment 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](mailto:env.health@dia.iowa.gov)

- The application form, fee, and supplemental documents can be mailed to the department listed above.
- Temporary tattoo establishment applications must be submitted at least 30 days before the event start date.
- Fees must be paid by check or money order made payable to the department listed above.
- The permit to operate will be issued to the temporary establishment only after the establishment has completed an onsite inspection.

### Establishment/Applicant Details

Establishment Name:

Owner/Sponsor Name:

Address:

City:

State:

Zip Code:

Phone:

Business Phone (optional):

Email:

EIN/Social Security Number:

### Temporary Event Details

Name of Event:

Address:

City:

State:

Zip Code:

Date & Time(s) of Event:

Number of participating artists:

**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.

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### Affirmation

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 you or the organization?  <i>If yes, include the date, location, reason, and resolution.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there ever been judgments or settlements paid on your behalf or on the organization's behalf as a result of a professional liability case?  <i>If yes, include the date, location, reason, and resolution.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?  <i>If yes, provide a description of the circumstances.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Supplemental Document Requirements

- Floor plan of the event area
- Event promotional documentation showing the date(s) and time(s) of the event
  - Temporary events cannot exceed 14 days.
- List of participating artists and artist permit numbers (due 1 week before the event start date)
- Application Fee

### Application Fees

Number of Participating Artists:	1-10	11-100	101 +
Application Fee:	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$300.00

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.

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

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