



## Tattoo Establishment Change of Ownership Application

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

For questions, contact:  
[env.health@dia.iowa.gov](mailto:env.health@dia.iowa.gov)

- A non-refundable application fee of \$25 shall be payable by check or money order to the Iowa Department of Inspections, Appeals, & Licensing. Remit the fee with the application and mail it to the address above. Cash is not acceptable.
- The owner shall submit an application for a new permit within 30 days of a change of ownership. Program information can be found at <https://dial.iowa.gov/licenses/tattoo>.
- When a change of ownership occurs, an establishment will be required to have an inspection. Refer to the Iowa Administrative Code 641 – Chapter 22 for all other requirements.

### NEW Owner Information

(Attach additional sheets if there are multiple owners)

First Name:	Middle Initial:	Last Name:	
_____	_____	_____	
Address:	City:	State:	Zip:
_____	_____	_____	_____
Primary Phone #:	<input type="checkbox"/> Personal <input type="checkbox"/> Business	Alt. Phone #:	<input type="checkbox"/> Personal <input type="checkbox"/> Business
_____	_____	_____	_____
Email:	_____		Last 4 of SSN:
_____	_____		_____

### CURRENT Owner Information

(Attach additional sheets if there are multiple owners)

First Name:	Middle Initial:	Last Name:	
_____	_____	_____	
Address:	City:	State:	Zip:
_____	_____	_____	_____
Primary Phone #:	<input type="checkbox"/> Personal <input type="checkbox"/> Business	Alt. Phone #:	<input type="checkbox"/> Personal <input type="checkbox"/> Business
_____	_____	_____	_____
Email:	_____		Last 4 of SSN:
_____	_____		_____

## Establishment Information

Present Establishment Name:

New Establishment Name (if you are changing the name)

Permit Number (TAT-F-0000):

Establishment Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Business Hours: \_\_\_\_\_

## Affirmation Questions

Required to be completed by the NEW owner(s)

For each "Yes" answer to the following questions, you must provide a separate statement giving full details, including dates, locations, actions, organizations, or parties involved and specified reasons. At the discretion of the Bureau, more supporting information may be requested.

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 \_\_\_\_\_  Yes  No

If Yes, include the date, location, reason, and resolution:

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?  Yes  No

If Yes, include the date, location, reason, and resolution:

Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?  Yes  No

If Yes, provide a description of the circumstances:

## Signature:

I attest that this establishment will only employ appropriately permitted tattoo artists to practice tattooing activities. This establishment will encourage all artists to maintain their certifications according to Iowa Administrative Code 641 – Chapter 22. This establishment and tattoo artists will follow the work practice standards in Iowa Administrative Code 641 – Chapter 22 for conducting tattoo activities at all times.

I hereby certify that the information I have provided in this document, including any attachments, is true and correct. I understand that providing false or misleading information in or concerning my application may be cause for denial or revocation of certification and criminal prosecution.

Signature of CURRENT owner(s):

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Signature of CURRENT owner(s)

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Date:

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