



Tattoo Establishment – Change of Name

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

- Email or mail the completed application to the address above.
- There is no fee to change the establishment name.
- The owner shall submit an application for a new establishment permit within 30 days of a change of establishment name.
- Refer to the Iowa Administrative Code 641 – Chapter 22 for additional information.
- If you are changing location, please submit a Change of Location application.

Tattoo Establishment

PRESENT Establishment Name: _____ Permit Number (TAT-F-00000): _____

NEW Establishment Name

Establishment Address: _____ City: _____ State: _____ Zip: _____

County: _____

Establishment Owner

(Attach additional sheets for additional owners)

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Alt. Phone#: _____ Last 4 of 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.

Signature

Establishment Owner:

Date:
