



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:
tattoo@dia.iowa.gov

- Email or mail the completed application to the address above.
- There is no fee to change the 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:
