Tattoo Change of Ownership Application Form

Iowa Department of Public Health
Division of Environmental Health/Tattoo Program
321 E. 12th Street, Des Moines, IA 50319-0075
(515) 281-7726

Type of application (check one): Establishment ☐ Mobile Unit ☐

Please print legibly.

New Owner Information

Owner Name: _____
(First) (Middle) (Last)

Address: _____

_____
(City) (State) (Zip)

Social Security Number: _____ Date of Birth: _____

Telephone: _____ Cell Phone: _____

Email: _____

Privacy Act Notice: Disclosure of your Social Security number on this license application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 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.

Business Information

Business Name: _____

Are you planning to change the business name? _____

If so, what will be the new name? _____

Address: _____

_____
(City) (State) (Zip)

Telephone: _____ Business Hours: _____

A nonrefundable application fee of $100.00 shall be payable by **check or money order** to the Iowa Department of Public Health. Cash is not acceptable.

Mail completed application and fee to address shown at the top of this application. Within 30 days of a change in ownership, the owner shall submit an application for a new permit. (Refer to the Iowa Administrative Code 641 – Chapter 22 for all other requirements.) Please call (515) 281-7726 if you have any questions.

REVISED: 11/2012

Required Tattoo Permit Questions:

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 or permit issued to your establishment?
If yes*, include date, location, reason, current status, etc.*

Yes ☐ No ☐

Has your establishment ever been sued in connection with your tattoo professional functions in this or any other state?
If yes*, include date, location, reason, current status etc.*

Yes ☐ No ☐

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 owner: _____

Date: _____