



**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.

Do you have a medical condition which in any way impairs or limits your ability to perform tattooing? “Medical condition” means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. Yes  No

*If yes, provide a description of your condition and submit a letter from a physician stating that your condition will not affect your ability to perform these functions.*

Have you within the past 2 years engaged in the illegal or improper use of drugs or other chemical substances? Yes  No

*If yes, provide a letter from your physician or treatment program that identifies your current or past treatment status. The letter should also include a statement regarding whether your condition will affect your ability to perform tattooing.*

Have you been convicted of, found guilty of, or entered a plea of no contest to a felony or misdemeanor crime within the past 5 years? (Other than minor traffic violations with fines under \$100.00). You must answer “yes” even if the matter was expunged from the record. Yes  No

*If yes, include the date, location, charge, court disposition and current status (i.e. probation) for each charge. If the charge was a crime against a person, (i.e. assault, domestic abuse) include copies of the charging orders and court disposition records.*

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 or certification issued to you? Yes  No

*If yes, include date, location, reason, current status, etc.*

Have you ever been sued in connection with your tattoo functions in this or any other state? Yes  No

*If yes, include date, location, reason, current status etc.*

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 permit and criminal prosecution. I agree to comply with the permit requirements, work practice standards, and all other provisions of Iowa Administrative Code 641—Chapter 22.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_