



Tattoo Establishment Change of Location Form

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

Please print legibly.

Owner Information

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

Address:
.....
(City) (State) (Zip)

Social Security Number: Date of Birth:

Telephone: Cell Phone:

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.

Establishment Information for New Location

Name:

Address:
.....
(City) (State) (Zip)

Telephone: Business Hours:

Establishment Information for Previous Location

Name:

Address:
.....
(City) (State) (Zip)

Telephone: Business Hours:

A nonrefundable application fee of \$25 shall be payable by check or money order to the Iowa Department of Public Health. Cash is not acceptable. Each location change requires the \$25 fee.

Mail completed application and fee to address shown at the top of this application. Within 30 days of a change in location, 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.