## **INSTRUCTIONS TO APPLY FOR A MOBILE EVENT**

Use the following link to access the online licensing system:

https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp For assistance with finding a username or resetting a password, contact the OICO Help Desk: 515-281-5703 or 1-800-532-1174.

These instructions assume you have already created an A&A account, set up your **Profile Page, and created or linked to your Company Profile**. If you have not created an account, go back to the IDPH Regulatory Programs Page and follow the "How to create an account" instructions.

**NOTE**: <u>You must use either **Google Chrome** or **Safari** when applying online.</u> If you need assistance navigating the licensing portal after reviewing these instructions, contact the AMANDA Support Team: 1-855-824-4357.

### **STEP 1: SIGN IN**

Sign In on the portal home page.

IDPH REGULAT Radiological Health	ORY PROGRAMS Emergency Medical Services	Environmental Health
Home >		
Public Search		
Sign In		
New User Registration		
Help		

# **STEP 2: CHOOSE YOUR ESTABLISHMENT**

On the **My Profile** page your tattoo establishment will be listed on the left side under **Registered User's Memberships**. Click on the name of your tattoo establishment so it appears highlighted, then click **Continue**. (Call 855-824-4357 if you don't see your business.)

lome	Basic Profile De	tails					PIN: 34
Sign Off	Name: Date of Birth:		Archana Marepal 12/09/1990	V.			
Help	Email Address":						
	Preferred Addres	s:					
Registered User's Memberships	Physical Addres	s Details					
IDPH Facility	Address is:			ATTN:			
IDFIT Facility	Street Number*:	10308		City*:	Des Moine	es	
	Street Prefix:		•	County:	Polk	•	
	Street Name*:	Dorset		State":	lowa		
	Street Type":	Drive .	]	Country:	US		
	Street Direction:		•	Zip Code":	50131		
	Linit Tune:			Oberes 411	78000990	90	
	onit type.		1	Phone I.	Work	•	
	- Unit Number:			Phone 2:	110000		
elect a Membership for your Actions		-			Home	•	

# **STEP 3: DETAILS**

#### Click on **Details** next to your license.

Home > My Programs						Dorie	Knight - DK Plum	oing Co.
Home								
Public Search								
My Profile								
Company Profile								
Member Management								
Apply for a Program								
Sign Off								
Help								
Programs for DK Plumbing Co.								
License # Applicant	Program	Status	Issue Date	Expiry Date	City	Details	<b>Online Services</b>	Renew
	Tattoo Facility	Active	10/02/2017	12/31/2018	Des Moines	<u>Details</u>	Online Services	
							Make P	ayment

# **STEP 4: ADD MOBILE EVENT**

Click on the TATF Mobile Event (Mobile Unit) tab.

Home > My Pr	rograms > Progran	n Details						
Home		Tattoo Fac	ility - Mobile Un	its				
Cine Off		License	# Appli	cation Date	Issue Date	Expiry Date	Status	Description
Sign Off			10/	/02/2017	10/02/2017	12/31/2018	Active	Renewal Folder
Help								
People Details	s							
	Role				N	lame		
	Facility				DK Plu	umbing Co.		
Application F	orm							Expand All
<ul> <li>Affirmati</li> </ul>	on							
• Tattoo Es	stablishment Info	o Details						
Inspectio	n County							
Application F	orm Details							Collapse All
TATF Mol	bile Event(Mobil	e Unit)						
License Proc	esses							Expand All
	Description		Statu	Status Reques		e Ex	piry Date	Action
Applicati	on Review							
TATF M	TATF Mobile Unit Application Review Calculate Fees		10/02/2017 10/02/2017		)/02/2017			
Fees								
Fee List					Payment			
Bill Number	D	escription		Fee Amount	Payment Number	Payment Type	Payment Date	Payment Amount
12050	TATF Mobile Unit	Renewal /	Application Fee	\$100.00	4268	Check	10/02/2017	\$100.00
			Total	\$100.00			Total	\$100.00
							Total Due	\$0.00 Receipt

Click **Add** and enter the information for your event. (Use the scroll bar to see additional fields.) When you have finished, click **Save**.

Tip: If you are entering more than one event, do not click Add more than once before clicking Save.

Application Form Deta	Application Form Details Collapse All					
<ul> <li>TATF Mobile Ever</li> </ul>	<ul> <li>TATF Mobile Event(Mobile Unit)</li> </ul>					
Event	Beginning Date	End Date	Number of Days	Have promotional material and have attached documentation	Address	
<ul> <li>Currently there are</li> <li>Just clean all fields i</li> </ul>	only 10 rows you can add for ea if you do not need a specific row	ch saving. Please save them fir or new added row.	rst and then you can add anoth	ner 10 rows and more.	Add Save	

# **STEP 5: EVENT REVIEW**

Under Event Review click on Edit.

License Processes				Expand All
Description	Status	Requested Date	Expiry Date	Action
Application Review				
TATF Mobile Unit Application Review	Calculate Fees	10/02/2017	10/02/2017	
Event Review				
TATF Mobile Event	Open	10/02/2017		Edit

# **STEP 6: MOBILE EVENT DETAILS**

Click **Expand All** and complete the details for your event. Click **Save** when you have finished.

# **STEP 7: ADD ATTACHMENTS**

To add any required documentation, you will need to click the **Add New Attachment** button at the very end of the application form.

If you added a **Mobile Event**, you must attach the Promotional Materials for the event. Click **Add New Attachment** at the bottom of the application form.



Attac	shment					
Attack	ment Description	1	SI			
Type:	Court Docun *	Description:	Release from Pprobation	Choose File	summary.docx	

Continue this process for each document needing to be attached.

**NOTE:** If you attach a document in error, <u>it cannot be removed by you</u>. You will need to contact the IDPH Program staff to have it removed.

If you need to gather information, or add additional documentation, you can leave the application webpage and return later to complete or continue.

**DO NOT CLICK CANCEL** – this will void your entire application.

You must attach all supporting information before paying the registration fee or your application could be delayed or denied.

#### WHEN ALL SECTIONS OF THE FORM ARE COMPLETE, CLICK MAKE PAYMENT.

# **STEP 8: MAKE A PAYMENT**

Select **Pay Now** if you are ready to pay. Click **Pay Now** again on the proceeding screen. You will then be directed to the online payment system.

If you are not ready to make a payment, or need to attach additional documentation, click the **Pay Later** button to be returned to your programs page. Click on <u>Details</u> next to your application to view your application and add additional attachments. Click **Make a Payment** when you are ready to pay.

(Note: your application is not considered submitted until payment is made.)

	-		_			
Home > My	Programs > Ap	ply for Program > Application	1 Form > A	<pre>opplication Form Supplemental &gt; Terms and Condit</pre>	ions > Make Pay	ment
Home						
Sign Off						
Help						
License De	tails					
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
542533	Tattoo Facility	Permanent Establishments	New	TATF Permanent Establishment Application Fee	\$100.00	No
542533 Total	Tattoo Facility	Permanent Establishments	New	TATF Permanent Establishment Application Fee	\$100.00	No
542533 Total	Tattoo Facility	Permanent Establishments Fee Amount: \$100.00	New	TATF Permanent Establishment Application Fee Paid Amount: \$0.00	\$100.00 Fee	No Due: \$100.00
542533 Total	Tattoo Facility	Permanent Establishments Fee Amount: \$100.00	New	TATF Permanent Establishment Application Fee Paid Amount: \$0.00	\$100.00 Fee Pay Later	No Due: \$100.00 Pay Now
542533 Total	Tattoo Facility	Permanent Establishments Fee Amount: \$100.00	New	TATF Permanent Establishment Application Fee Paid Amount: \$0.00	\$100.00 Fee Pay Later Payment La	No Due: \$100.00 Pay Now ter Options

On the **Make a** Payment page, choose your **Payment Method** and fill out your payment details. Click **Continue** when you have entered your payment information.

On the Review Payment page, click Confirm if the payment details are correct.

Make a Payment		Review Payment
My Payment		Please review the information below and select Confirm to process your payment. Select Back to return to the
State of Iowa TEST site		Payment Details
Amount Due	\$75.00	Description State of Iowa TEST site State of Iowa TEST site
Payment Information		Payment Amount Payment Date 09/27/2017
Frequency	One Time	
Payment Amount		Payment Method
Payment Date	Pay Now	Payer Name IDPH Test
		Card Number
Contact Information		Expiration Date Aug-2018
		Card Type Visa
First Name	IDPH	Confirmation Email email.email@mail.com
Last Name	Test	
Company	(Optional)	Billing Address
		Address 1 321 E 12th Street
Address 1	321 E 12th Street	City/Town Des Moines
Address 2	(Optional)	State/Province/Region IA
City/Town	Des Moines	Zip/Postal Code 50319
		Country United States
State/Province/Region	IA	
Zip/Postal Code	50319	Contact Information
Country	US	First Name IDPH
		Last Name Test
Phone Number	8558244357	Address 1 321 E 12th Street
Email Address	emal.email@mail.com	City/Town Des Moines
	Recome a Registered Lines	State/Province/Region IA
	become a Redistered Oser	Zip/Postal Code 50319
Payment Method		Country United States
	Color	Phone Number 8558244357
Payment Method	Select	Email Address emal.email@mail.com
Continue Cancel		Lonhrm Back

Write down your Confirmation **Number** or **print this page** for your records. Click **Continue** at the bottom of the screen to be taken to your receipt,

#### Confirmation

