

INSTRUCTIONS TO APPLY FOR A NEW PERMANENT TATTOO ESTABLISHMENT PERMIT

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 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: You must use either Google Chrome or Safari when applying online.

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.



STEP 2: CHOOSE YOUR ESTABLISHMENT

If you followed the **Instructions to Register Your Tattoo Facility**, your establishment will be listed on the left side under **Registered User's Memberships**. Click on your establishment so it appears highlighted, then click **Continue**.



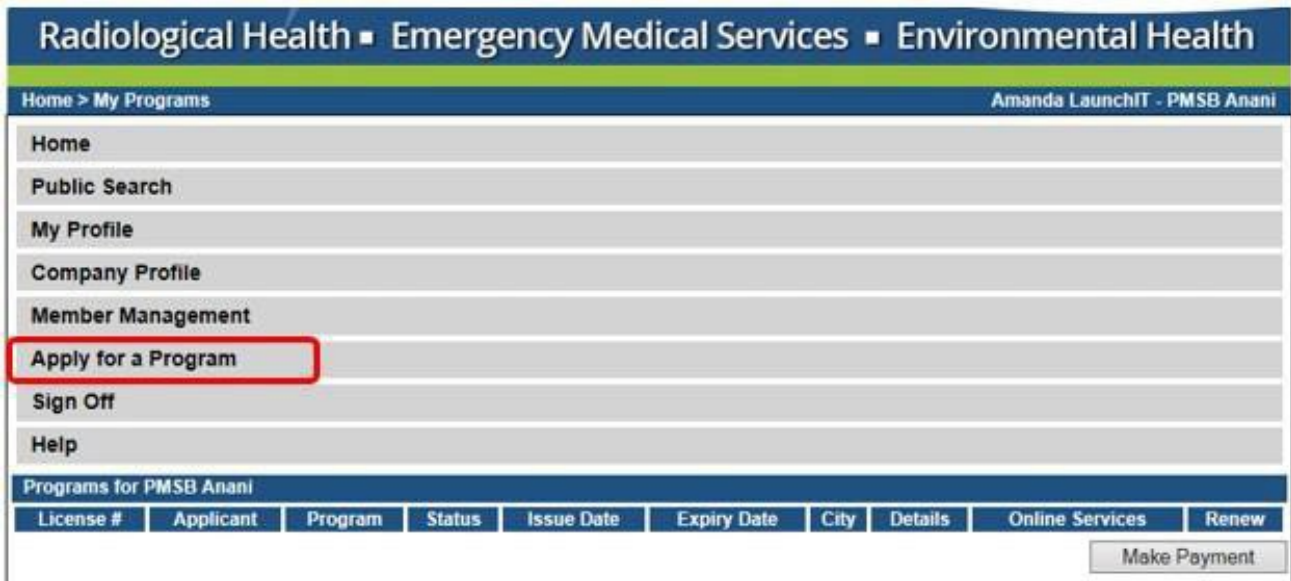
Basic Profile Details		PIN: 349353	
Name:	Archana Marepally		
Date of Birth:	12/09/1990		
Email Address*:			
Preferred Address:			
Physical Address Details			
Address is:	<input type="text"/>	ATTN:	<input type="text"/>
Street Number*:	10308	City*:	Des Moines
Street Prefix:	<input type="text"/>	County:	Polk
Street Name*:	Dorset	State*:	Iowa
Street Type*:	Drive	Country:	US
Street Direction:	<input type="text"/>	Zip Code*:	50131
Unit Type:	<input type="text"/>	Phone 1*:	7800099090
Unit Number:	<input type="text"/>	Work:	<input type="text"/>
		Phone 2:	Home

Continue Reset Addresses

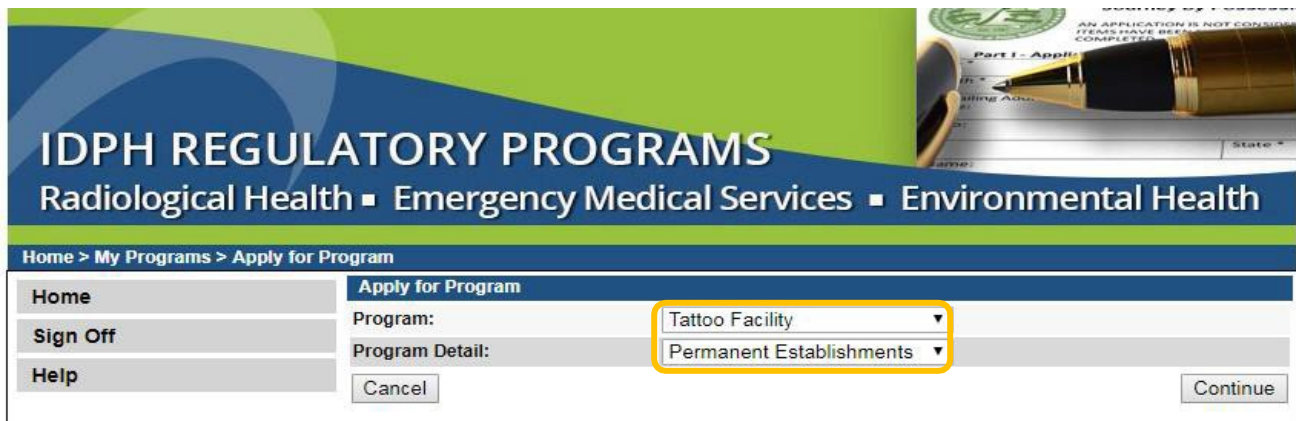
If you need to set up a new tattoo establishment, return to the Regulatory Programs - Tattoo page <https://idph.iowa.gov/regulatory-programs>. If you believe your existing company should be listed under **Registered User's Memberships** and you do not see it, please contact the AMANDA Support Team 1-855-824-4357.

STEP 5: APPLY FOR A PROGRAM

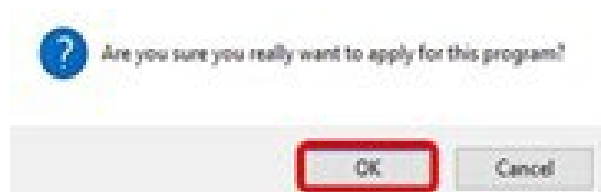
Next, you will be taken to the **My Programs** page for your establishment. This is where you will apply for a Tattoo Permanent Establishment License. Click on **Apply for a Program**.



On the next screen select your **Program** as “Tattoo Facility” and select your **Program Detail** as “Permanent Establishments” then click **Continue**.



A pop-up message will appear. Click **OK** to continue with the application.



STEP 6: APPLICATION FORM & APPLICATION FORM DETAILS

The application will begin on the next screen. Click the **Expand All** to view all information. Questions with a red asterisk * or highlighted in pink are mandatory.

Home > My Programs > Apply for Program > Application Form

Home Sign Off Help

Tattoo Facility - Permanent Establishments

Applicant Dorie Knight
Facility DK Plumbing Co.

Application Form **Expand All**

▶ Affirmation

▶ Tattoo Establishment Info Details

Application Form Details **Expand All**

▶ TATF Mobile Event(Mobile Unit)

Attachment

Attachment Description

Add New Attachment

If you are not a mobile unit, skip the “TATF Mobile Event (Mobile Unit)” section.

STEP 7: AFFIRMATION & ESTABLISHMENT DETAILS

The Application Form section is required and all questions must be answered. If you answer **Yes** to any of these questions in the affirmation section, provide a brief description of all relevant activities into the text box provided below. Additional details can be as an attachment if necessary. (See Step 7 for instruction on how to add attachments.)

▼ Affirmation

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, registration, or certification issued to you or the organization? *

Yes No

If yes, include the date, location, reason, and resolution.

Have there ever been judgments or settlements paid on your behalf or on the organization's behalf as a result of a professional liability case? *

Yes No

If yes, include the date, location, reason, and resolution.

Please provide your business hours in this section.

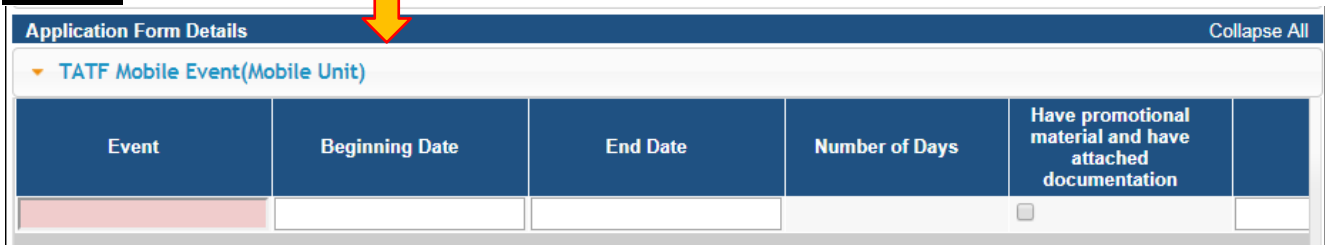
▼ Tattoo Establishment Info Details

Business Hours *

I have floor plans and am attaching documentation Yes No

STEP 8: MOBILE EVENT

TATF Mobile Event(Mobile Unit) is for Mobile Units only – Do not complete this section.



The screenshot shows a section titled "TATF Mobile Event(Mobile Unit)" under "Application Form Details". It contains a table with the following columns: Event, Beginning Date, End Date, Number of Days, and Have promotional material and have attached documentation. The "Have promotional material and have attached documentation" column has a checkbox. A red arrow points to the section title.

Event	Beginning Date	End Date	Number of Days	Have promotional material and have attached documentation
				<input type="checkbox"/>

If you are renewing a Mobile Unit or need to add a Mobile event, please see the **Instructions to Renew a Mobile Unit & Add a Mobile Event**

STEP 9: ADD ATTACHMENTS & CONTINUE

For new applicants, you must attach a copy of the floor plan for your establishment. All supporting documentation must be uploaded before paying the fee or your application could be delayed or denied.

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



The screenshot shows the "Attachment" section with a text input field for "Attachment Description" and buttons for "Cancel", "Continue", and "Add New Attachment". The "Add New Attachment" button is highlighted with a yellow box.



The screenshot shows the "Attachment" section with a "Type:" dropdown menu, a "Description:" text input field, a "Choose File" button, and an "Add New Attachment" button. The "Choose File" button is highlighted with a yellow box.

- Click to select the **Type** of attachment and Select one of the following from the list:
- Enter a description of the file, and then Click
- This will open your file explorer. Navigate to where the document you want to attach is located on your computer.
- Double click the document to attach it.



The screenshot shows the dropdown menu for the "Type:" field. The list of options includes: Accred/Auth. Certificate, Court Documents, Crystal Report, Industrial Radiography Card, License, MOSA Certificate, Non-Iowa Permit/Certification/Registration, Photo, Physician Records, Proof of Certification, RADI Id Wallet Card, Radiation Shielding Plan, RAMP License, and Signature.

The name of the document should appear next to the button.



The screenshot shows the "Attachment" section with the "Type:" dropdown set to "Court Docun", the "Description:" field containing "Release from Pprobation", and the "Choose File" button with "summary.docx" displayed next to it.

Continue this process for each document needing to be attached.

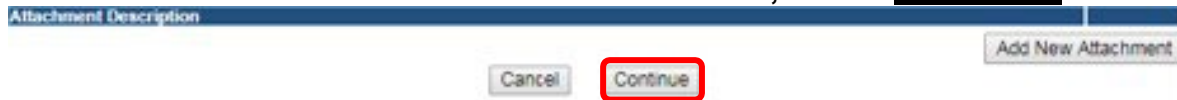
NOTE: If you attach a document in error, it cannot be removed by you. You will need to contact the IDPH Program staff to have it removed.

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

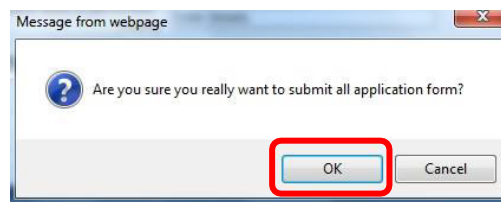
DO NOT CLICK CANCEL – this will void your entire application.

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 CONTINUE.



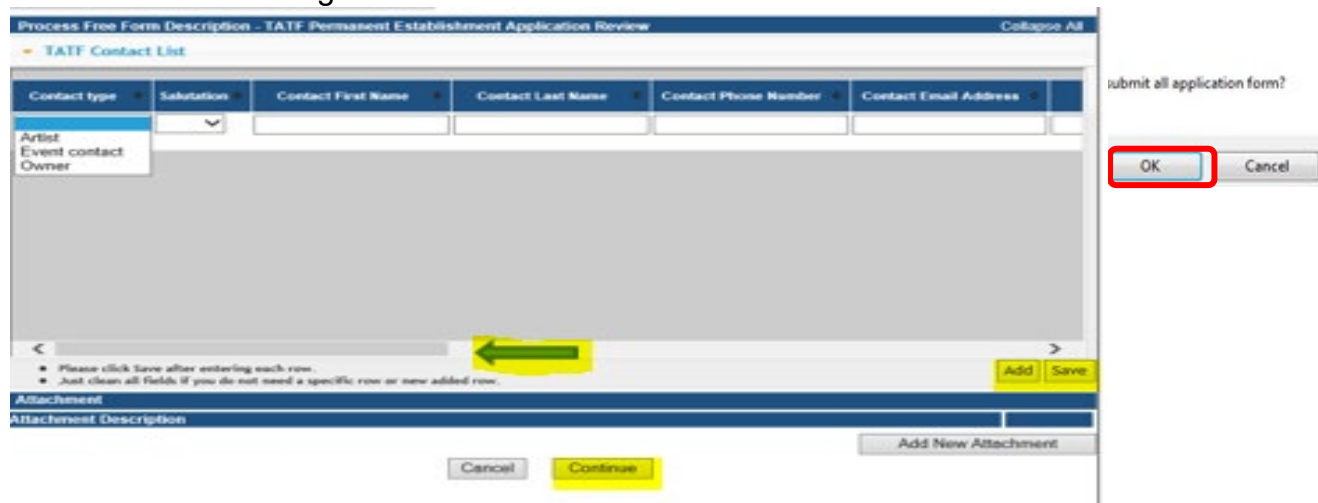
A pop-up message will appear. Click **OK**.



STEP 10: APPLICATION FORM SUPPLEMENTAL

On the supplemental form you will need to add a contact to the Contact List tab.

Click on **TATF – Contact List** to open the tab. Click **Add** and enter your **Owner** information. (Use the scroll bar to see additional fields.) *Note: You must complete all the fields (i.e. First Name, Last Name, Phone, Email, Business Name, Street Address, City, State, Zip).* When you have finished entering the required information, click **Save**. **Tip:** Do not add more than one line before clicking save.



A pop up message will appear. Click **OK** to continue.

STEP 11: TERMS & CONDITIONS

Please read the terms and conditions. If you agree, click the box next to the “I agree with the terms and conditions.” Then click **Continue**.

Tattoo

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions

Home Terms and Conditions

Sign Off

Help

Terms and Conditions

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions.

I agree with the terms and conditions.

Continue

STEP 12: 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 Details 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 > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment

Home

Sign Off

Help

License Details

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
Total				Fee Amount: \$100.00	Paid Amount: \$0.00	Fee Due: \$100.00

Pay Later **Pay Now**

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. Click **Confirm** on the **Review Payment** page if the payment details are correct.

Make a Payment

My Payment

State of Iowa TEST site	Amount Due \$75.00
-------------------------	--------------------

Payment Information

Frequency	One Time
Payment Amount	\$75.00
Payment Date	Pay Now

Contact Information

First Name	IDPH
Last Name	Test
Company	(Optional)
Address 1	321 E 12th Street
Address 2	(Optional)
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	50319
Country	US
Phone Number	8558244357
Email Address	email.email@mail.com

[Become a Registered User](#)

Payment Method

Payment Method	Select
----------------	--------

Continue [Cancel](#)

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the

Payment Details

Description	State of Iowa TEST site State of Iowa TEST site
Payment Amount	\$75.00
Payment Date	09/27/2017

Payment Method

Payer Name	IDPH Test
Card Number	*8898
Expiration Date	Aug-2018
Card Type	Visa
Confirmation Email	email.email@mail.com

Billing Address

Address 1	321 E 12th Street
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	50319
Country	United States

Contact Information

First Name	IDPH
Last Name	Test
Address 1	321 E 12th Street
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	50319
Country	United States
Phone Number	8558244357
Email Address	email.email@mail.com

Confirm [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

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **IOWTST004926730**

Payment Details

Description	State of Iowa TEST site State of Iowa TEST site
Payment Amount	\$75.00
Payment Date	09/27/2017
Status	PROCESSED

Payment Method

Payer Name	IDPH Test
Card Number	*8898
Card Type	Visa
Confirmation Email	email.email@mail.com

Billing Address

Address 1	321 E 12th Street
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	50319
Country	United States

Continue