



Tattoo Establishment Change of Location Form

Iowa Department of Health and Human Services
Division of ADPER & EH/Tattoo Program
321 E. 12th Street, Des Moines, IA 50319-0075
For questions contact: Chelsea Stevens Phone: (515) 724-3017
Email: chelsea.stevens@idph.iowa.gov

- A nonrefundable application fee of \$25 shall be payable by check or money order to the Iowa Department of Public Health. Remit fee with the application and mail to the address above. Cash is not acceptable.
- A floor plan must be submitted with the application.
- Please submit within 30 days of a change of location. Refer to the Iowa Administrative Code 641 – Chapter 22 for all other requirements. The permit to operate will be issued to the new location only after the establishment has successfully completed an onsite inspection.

Owner Information

(Please print legibly)

Owner Name <i>First</i>			<i>Middle</i>			<i>Last</i>		
Address								
City			State			Zip		
Social Security Number						Date of Birth		
Phone						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.								

Current Establishment Location

Name								
Address								
City			State			Zip		
Permit Number								
Phone						Business Hours		

New Establishment Location

Name								
Address								
City			State			Zip		
Phone						Business Hours		