



## Tattoo Establishment Change of Ownership Application

Iowa Department of Health and Human Services  
 Division of ADPER & EH/Tattoo Program  
 321 E. 12<sup>th</sup> Street, Des Moines, IA 50319-0075  
 For questions contact: Chelsea Stevens Phone: (515) 724-3017  
 Email: [chelsea.stevens@idph.iowa.gov](mailto: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.
- The owner shall submit an application for a new permit within 30 days of a change of ownership. Applications can be found at <https://idph.iowa.gov/tattoo/establishments>.
- When a change of ownership occurs, an establishment will be required to have an inspection. Refer to the Iowa Administrative Code 641 – Chapter 22 for all other requirements.

### New 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								
<b>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.</b>								

### Business Information

Business Name					
Are you planning to change the business name?					
If so, what will be the new name?					
Address					
City		State		Zip	
Phone			Business Hours		

**Required Questions to be completed by the New Owner:**

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.

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?  <i>If yes, include the date, location, reason, and resolution.</i>	
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?  <i>If yes, include the date, location, reason, and resolution.</i>	
Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?  <i>If yes, provide a description of the circumstances.</i>	

**Signature:**

I attest that this establishment will only employ appropriately permitted tattoo artists to practice tattooing activities. This establishment will encourage all artists to maintain their certifications according to Iowa Administrative Code 641 – Chapter 22. This establishment and tattoo artists will follow the work practice standards in Iowa Administrative Code 641 – Chapter 22 for conducting tattoo activities at all times.

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 or certification and criminal prosecution.

Signature of owner: \_\_\_\_\_

Date: \_\_\_\_\_