DH use only: Check No. _____	Check Amount _____
Date Received _____	Receipt No. _____
Facility Permit No._____	Date Issued _____
Amended Application Only_____	Date Received _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Authority 381.00789, Florida Statutes

Application for Tattoo Establishment Licensure

Instructions: Do not leave any item blank. Enter NA for non-applicable items. Submit the completed application and the fee(s) specified below to the county health department that has jurisdiction for the tattooing program in the county where the establishment is physically located. To select the county, type the following link into an Internet browser: http://www.myfloridaeh.com/community/biomedical/county_coordinators.htm

Fees: Initial Licensure of a Tattoo Establishment or Temporary Tattoo Establishment: $250.00
Renewal Licensure of a Tattoo Establishment: $250.00
Reactivation Fee for Renewal of a Tattoo Establishment License after Date of Expiration: $75.00

Type of Establishment: _____ Fixed Location

_____ Temporary Location If Checked, Specify Event Date(s): From _____ To _____

Type of Tattooing: _____ Conventional _____ Cosmetic _____ Educational

Business Name of Establishment: _____
(Registered or Fictitious) **(Applicant must be a legal entity, i.e.: individual, partnership, corporation, association, or public body)**

Physical Address of Establishment: _____
Street City State Zip Code

Mailing Address if Different: _____
P.O. Box or Street City State Zip Code

Telephone Number of Establishment: (____)_____ Name of Operator: _____

E-mail Address of Establishment or Operator (optional): _____@_____

Name of Establishment Owner: _____

Mailing Address of Establishment Owner: _____
P.O. Box or Street City State Zip Code

Phone Number of Establishment Owner: (____)_____

Name of Registered Agent for Service of Process (if applicable): _____

Mailing Address of Registered Agent: _____
P.O. Box or Street City State Zip Code

The undersigned Applicant /Representative hereby agrees to operate the tattoo establishment described in this application in accordance with the requirements of Section 381.00771-381.00791, Florida Statutes, and Chapter 64E-28, F.A.C. The information contained in this application, which serves as a basis for licensure, is true and correct. I understand that any misrepresentation of the facts in this application, or failure to comply with sanitary standards, is grounds for denial, administrative fine or revocation of the tattoo license. Further, I understand that obtaining or attempt to obtain a license or registration by means of fraud, misrepresentation, or concealment is committing a misdemeanor of the second degree punishable as provided in s. 775.082 or s. 775.083.

_____ _____
Name of Applicant/ Representative (print or type) Date