

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 Tempo Renewal Licensure of a Tattoo Establishment: \$200 Reactivation Fee for Renewal of a Tattoo Establishment:	.00		
Type of Establishment: Fixed Location			
Temporary Location	f Checked, Specify Event Da	te(s): From	_ To
Type of Tattooing: Conventional Cosmetic	Educational		
Business Name of Establishment: (Registered or Fictitious) (Applicant must be a legal en	tity, i.e.: individual, partnership, corp	oration, 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: ()			
E-mail Address of Establishment or Operator (optional):		@	
Name of Establishment Owner:			
Mailing Address of Establishment Owner: P.O. Box or Section 1.			
Phone Number of Establishment Owner: ()		State	Zip Code
Name of Registered Agent for Service of Process (if applica			
	·		
Mailing Address of Registered Agent:P.O. Box or S	Street City	State	Zip Code
The undersigned Applicant /Representative hereby agrees application in accordance with the requirements of Section 28, F.A.C. The information contained in this application, who understand that any misrepresentation of the facts in this approunds for denial, administrative fine or revocation of the tattempt to obtain a license or registration by means of frauction misdemeanor of the second degree punishable as provided	381.00771-381.00791, Floridated serves as a basis for licent opplication, or failure to comply attoo license. Further, I under I, misrepresentation, or conce	a Statutes, and C sure, is true and o with sanitary sta rstand that obtain	hapter 64E- correct. I ndards, is ing or
Name of Applicant/ Representative (print or type)		Date	

Signature of Licensee/ Representative