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Amended Application Only _____	Date Received _____

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
Authority 381.00775 Florida Statutes  
**Application for Guest Tattoo Artist Registration**

Instructions: Do not leave any item blank. Enter "NA" for non-applicable items. For initial registration, submit the completed application to the county health department that has jurisdiction for the tattooing program in the county where the applicant practices or intends to practice tattooing. To select the county, type the following link into Internet browser: [http://www.myfloridaeh.com/community/biomedical/county\\_coordinators.htm](http://www.myfloridaeh.com/community/biomedical/county_coordinators.htm). This application must be accompanied by the following:

- Fee of \$35.00.
- A copy of a government-issued photo identification confirming at least 18 years of age (submit for initial registration only, not renewal).
- A copy of an active license, registration, or certification in another jurisdiction (submit for initial registration only, not renewal).
- A copy of a certificate of training proving completion of a course on blood-borne pathogens and communicable diseases, as specified in ss. 64E-28.004(1)(b), F.A.C., with having achieved a minimum score of at least 70% on the course examination. (submit for initial registration only, not renewal).

**REGISTRATION IS VALID FOR UP TO 14 CONSECUTIVE DAYS.**

Specify Dates: From \_\_\_\_\_ To \_\_\_\_\_ Type of Registration: \_\_\_\_\_ Initial \_\_\_\_\_ Renewal

Name of Applicant: \_\_\_\_\_

Residential Address of Applicant: \_\_\_\_\_  
Street City State Zip Code

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Provide the following information for each tattoo establishment or temporary establishment where the applicant will be temporarily performing tattooing:

1. \_\_\_\_\_  
Name of Licensed Establishment Department of Health License Number
2. \_\_\_\_\_  
Name of Licensed Establishment Department of Health License Number

The undersigned Applicant hereby agrees to practice tattooing in compliance with ss. 381.00771-381.00791, F.S., and Chapter 64E-28, F.A.C., and exclusively at an establishment licensed under ss. 381.00771-381.00791, F.S., and Chapter 64E-28, F.A.C. The information contained in this application, which serves as a basis for registration, 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 and/ or revocation of the tattoo registration. Further, I understand that obtaining or attempting 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 (print or type) Date

\_\_\_\_\_  
Signature of Applicant

Submit the completed form to:  
Sarasota County Health Department  
1001 Sarasota Center Boulevard ~ Sarasota, FL 34240