

| DH use only: Check No.   | Check Amount  |
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| 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 T<br>Renewal Licensure of a Tattoo Establishment: \$200.00<br>Reactivation Fee for Renewal of a Tattoo Establishment L |                                    |                     |                 |
|---|------------------------------------|---------------------|-----------------|
| Type of Establishment: Fixed Location   |                                    |                     |                 |
| Temporary Location If Che   | cked, Specify Event Date(          | s): From            | To              |
| Type of Tattooing: Conventional Cosmetic  | Educational                        |                     |                 |
| Business Name of Establishment:<br>(Registered or Fictitious) (Applicant must be a legal entity, i.e.   | : individual, partnership, corpora | ation, 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 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:<br>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