



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 381.00771, Florida Statute, and Chapter 64E-28, Florida Administrative Code
Application for Tattoo Artist License

Instructions: Do not leave any item blank. Enter NA for non-applicable items. For initial license and license renewal, submit the completed application to the county health department that has jurisdiction for the tattooing program in the county where the applicant lives. To select the county, type the following link into Internet browser: http://www.myfloridaeh.com/community/biomedical/county_coordinators.htm. This application must be accompanied by the following:

- Fee of \$60.00 (submit every year).
- Reactivation fee of \$25.00, if license is not renewed before October 1.
- Government issued identification confirming at least 18 years of age (submit for initial license only, not renewal).
- Proof of completion of department approved course on blood-borne pathogens and communicable diseases (submit for initial license only, not renewal).
- Proof of having achieved a minimum score of at least 70% on the course examination (submit for initial license only, not renewal).

Type of License: ___ Initial ___ Renewal

Name of Applicant: _____

Physical Address of Applicant: _____
Street
City
State
Zip Code

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

E-mail Address of Applicant: _____@_____

Provide the following information for each tattoo establishment where the applicant will perform tattooing or intends to perform tattooing:

 ___ Tattoo Establishment of Employment ___ Intended Tattoo Establishment of Employment

1. _____
Name of Licensed Establishment
Department of Health License Number
2. _____
Name of Licensed Establishment
Department of Health License Number
3. _____
Name of Licensed Establishment
Department of Health License Number

The undersigned Licensee 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 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.

Name of Licensee (print or type)
Date

Signature of Licensee