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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 Establishment**

Instructions: Do not leave any item blank. Enter NA for non-applicable items. Submit the completed application and the fee specified in 64E-28.011 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](http://www.myfloridaeh.com/community/biomedical/county_coordinators.htm)

Type of Establishment: \_\_\_\_\_ Fixed Location \_\_\_\_\_ Temporary Location

If Temporary Location, Provide Event Date(s): From \_\_\_\_\_ To \_\_\_\_\_

Type of Tattooing: \_\_\_\_\_ Conventional \_\_\_\_\_ Cosmetic \_\_\_\_\_ Educational

Registered Business Name of Establishment: \_\_\_\_\_  
(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 Operator: \_\_\_\_\_@\_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_  
Street
City
State
Zip Code

Phone Number of Owner: \_\_\_\_\_

Name of Registered Agent for Service of Process: \_\_\_\_\_

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

The undersigned Licensee/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.

\_\_\_\_\_  
Name of Licensee/ Representative (print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensee/ Representative