



<b>DH use only:</b> 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 381.00775, Florida Statutes  
**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](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 for renewal of license after date of expiration.
- 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 the certificate of training proving completion of a department approved course on blood-borne pathogens and communicable diseases with having achieved a minimum score of at least 70% on the course examination (submit for initial application 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

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

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

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 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 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 and/ or revocation of the tattoo license. 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