



DH use only: Check No. _____		Check Amount _____	
Date Received _____		Receipt No. _____	
Facility Permit No. _____		Date Issued _____	
Amended Application Only _____		Date Received _____	

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 Florida Department of Health in Volusia County (except for our Keech Street location). This application must be accompanied with the following:

- Fee of \$70.00 (submit every year).
- Reactivation fee of \$45.00 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:

- _____ Department of Health License Number _____
Name of Licensed Establishment
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Name of Licensed Establishment
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Name of Licensed Establishment

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