

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

TATTOO ESTABLISHMENT and TATTOO ARTIST Licensing Procedure

ESTABLISHMENT OWNER/OPERATOR:

1. Complete form DH4151 “**Application for Tattoo Establishment**”. You will find one following this page in your licensing packet. **Be sure to complete all blanks.** Should you have any questions please call our office for assistance.
2. To apply for a license, you must include a check made out to the “**Department of Health – Manatee County**” in the amount of **\$200.00**.
3. Mail the completed application and appropriate documentation to our mailing address: 410 6th Ave E, Bradenton, FL 34208.
4. Review the Florida Administrative Code and the Florida Statute on tattooing, and begin ensuring your establishment will meet these requirements. They are available online: <http://www.myfloridaeh.com/community/Tattoo/index.html>
5. The key components of a Tattooing Establishment inspection are: Cleanable Floors, Walls and Ceilings, Unobstructed Handwashing sink(s), Restrooms, Lighting, Autoclave Records, Approved Sanitizers and Antiseptics, Employee Records and Customer Records. Tattooing procedure areas and set ups will also be reviewed. Please note that the attached Consent form for Minors is REQUIRED to be used for ANY piercing of a person 16- 18 years of age. Tattooing is not permitted on a person under 16.
6. **NOTE:** Compliance with the Biomedical Waste code and permitting requirements are a *pre-requisite* to receiving your Tattooing Establishment license.
7. Opening inspections are done by appointment and the receipt of the application will begin the process. The best time to call our office for assistance or to confirm appointments is generally 8:00 A.M. to 4:30 P.M., Monday through Friday.

ARTIST:

1. Complete form DH4147 “**Application for Tattoo Artist License**”. You will find one following this page in your licensing packet. **Be sure to complete all blanks.** Should you have any questions please call our office for assistance. Required with the application:
 - 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). Training Info: <http://www.myfloridaeh.com/community/Tattoo/TattooCourse.html>
 - Proof of having achieved a minimum score of at least 70% on the course examination (submit for initial license only, not renewal).
2. To apply for a license, you must include a check made out to the “**Department of Health – Manatee County**” in the amount of **\$60.00**.
3. Mail the completed application and appropriate documentation to our mailing address: 410 6th Ave E, Bradenton, FL 34208.
4. Each tattoo artist residing in Manatee County is required to be licensed. Each artist must be affiliated with a permitted Tattoo Establishment. The Tattoo Establishment does not need to be in the county where the artist resides.

Provided by Tattooing Program - Florida Dept. of Health Manatee County Health Dept

**64E-28, Florida Administrative Code
Tattooing Records Requirements
Checklist**

CUSTOMER RECORDS:

- Maintained for 2 years
- Customer's name, age and DOB
- Tattoo artist name
- Description and location of tattoo
- Signature of customer and tattoo artist

EMPLOYEE RECORDS:

- Maintained for 2 years
- Artist name and license number
- Copy of government-issued photo ID

Autoclave (is used):

- Log is required – must detail:
 - Annual Maintenance (required annually)
 - Cleaning Schedule (required at least annually)
 - Spore Testing (required at least every 40 hours of use or quarterly)
 - Chemical Sterilization Strip (required EACH LOAD)

NOTE: When you go to special or temporary events, and you used self-autoclaved equipment, bring your autoclave records with you!



For Office Use Only

(Printed Name of Licensed Salon)

(Signature of Tattoo Artist)

(Printed Name of Tattoo Artist)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Authority 381.00789, Florida Statutes
**WRITTEN NOTARIZED CONSENT FOR TATTOOING OF A MINOR CHILD,
AGE 16 THROUGH 17 YEARS OLD**

State of Florida }
County of _____ } Ss:

(Print Name of Parent or Legal Guardian)

Residing at: _____

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

1) I am the natural parent or legal guardian of: _____
(Print Name of Minor Child)

2) The Minor Child's date of birth is: _____
(Month) (Day) (Year)

3) The child's age is: _____.

4) I have the legal authority to give consent for this child's Tattoo.

5) I consent to the tattooing of my child as follows: (description & location of Tattoo)

(Signature of Parent/Legal Guardian)

SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME, this _____ day of

_____, 20____, by _____
(Print Name)

who is personally known to me, *or*, who produced satisfactory identification in the form of

Seal:

(Signature of Notary)

(Print Name of Notary)

"

""""VCVVQQ'CUSTOMER RECORD

(Please **PRINT** all information **IN INK**)

Use of this form is voluntary and not required by the Department of Health. The form is provided as a service to assist facilities in complying with the record-keeping requirements of Chapter 64E-28, FAC.

Name: _____
(Last) (First) (Middle)

Address: _____

City, State, Zip: _____

Telephone Number: _____

Date of Birth: _____ Age: _____ (Copy of Gov't. Photo ID attached)

Date of Visit: _____

Description and location of tattoo on the customer's body:

Prior to my tattoo, I received information about the following and discussed it with my tattoo artist or the establishment operator: 1) A brief description of the tattoo procedure; 2) Any precautions for me to take before my tattoo; 3) A description of the risks and possible consequences of tattooing services; 4) Instructions for care and restrictions following my tattoo.

Customer Signature & Date: _____

Tattoo Artist Signature & Date: _____

Tattoo Artist Name: _____

List any allergies you have, including allergies to medications, and allergies to any topical solutions used by this tatooning establishment: _____

Do you have a history of bleeding disorders? _____

- The establishment must obtain a written notarized consent statement before tattooing a minor between the ages of 16 and 18. DH Form 4146 MUST be used.
- All customer records must be kept for at least two (2) years.



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 381.00775, 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. 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