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
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 } } Ss:
County of ____________________________

(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
   ____________________________________________

   (Signature of Notary)

   Seal:
   ____________________________________________

   (Print Name of Notary)
Application for Tattoo Establishment Licensure

Instructions: Do not leave any item blank. Enter NA for non-applicable items. Submit the completed application and the fee(s) specified below 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

Fees: Initial Licensure of a Tattoo Establishment or Temporary Tattoo Establishment: $200.00
Renewal Licensure of a Tattoo Establishment: $200.00
Reactivation Fee for Renewal of a Tattoo Establishment License after Date of Expiration: $75.00

Type of Establishment: _____ Fixed Location
                        _____ Temporary Location
                        If Checked, Specify Event Date(s): From _____ To _____

Type of Tattooing: _____ Conventional _____ Cosmetic _____ Educational

Business Name of Establishment:
(Registered or Fictitious) (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 Establishment or Operator (optional): _____________________________@________________________

Name of Establishment Owner:

Mailing Address of Establishment Owner:
P.O. Box or Street City State Zip Code

Phone Number of Establishment Owner: ( )

Name of Registered Agent for Service of Process (if applicable):

Mailing Address of Registered Agent:
P.O. Box or Street City State Zip Code

The undersigned Applicant /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. Further, I understand that obtaining or attempt 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/ Representative (print or type) _____________________________ Date _____________________________

Signature of Licensee/ Representative _____________________________

DH 4151, 8/12 64E-28.005, F.A.C.
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

DH 4147, 8/12

64E-28.003, F.A.C.