

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



Rick Scott  
Governor

Celeste Philip, MD MPH  
Secretary and State Surgeon General

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 6<sup>th</sup> 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 6<sup>th</sup> 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**



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

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

Seal:

\_\_\_\_\_  
(Print Name of Notary)





<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