

SANITATION BRANCH
99-945 HALAWA VALLEY STREET
AIEA, HAWAII 96701
TELEPHONE NUMBER: (808) 586-8000 FAX: (808) 586-8040

STATE OF HAWAII
DEPARTMENT OF HEALTH

APPLICATION FOR NEW TATTOO ARTIST LICENSE

(Please type or print clearly in black or blue ink)

NAME: _____
(Last Name) (First Name) (M.I.)

MAILING ADDRESS: _____
(Number and Name of Street and Apartment No.)

(City) (State) (Zip Code)

TELEPHONE NUMBER: _____

Is this for a tattoo convention in Hawaii? (Circle one) Yes No

- If yes, your Tattoo Artist License will be issued at the convention.
- If no, your Tattoo Artist License will be mailed to you.

APPLICATION FEE: \$75.00 NON-REFUNDABLE

Make checks payable to: STATE OF HAWAII (BANK ACCOUNT NAME AND ADDRESS MUST BE ON CHECK)

**Mail or walk in: Application for New Tattoo Artist License,
Application Fee,
TB and Syphilis Report Form, and
Copy of Blood Borne Pathogen Certificate**

**to: SANITATION BRANCH
99-945 HALAWA VALLEY STREET
AIEA, HI 96701**

THERE WILL BE A SERVICE FEE OF \$25.00 AND INTEREST FOR ANY CHECK DISHONORED BY THE BANK.

I understand that the issuance of said Tattoo Artist License is contingent upon compliance with Hawaii Administrative Rules, Title 11, Chapter 17, and Hawaii Revised Statutes Chapter §321-371 to §321-383 and that said license after issuance, may be revoked or suspended for failure to comply with the provisions of this chapter.

SIGNATURE OF APPLICANT

DATE

SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY

Fee \$75.00	Date Paid	Method of Payment	Receipt No.	Receipt By
License No.	Date <u>Initial</u> License Issued	Date License Mailed	Expiration Date December 31,	