

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  
 www.hawaii.gov/doh

**APPLICATION FOR PUBLIC TATTOO SHOP PERMIT**  
 (Please type or print in blue or black ink)

TATTOO SHOP NAME (dba)				
TATTOO SHOP LOCATION ADDRESS			TAX MAP KEY	
STREET:			ZONE	SECTION
CITY: ZIP CODE: ISLAND:			PLAT	PARCEL
OWNER NAME(s) (Corp., LLC, Partnership, Sole Owner, Other)			CONTACT PHONE #	OTHER PHONE #
MAILING ADDRESS (If different from above)				
ATTN OR C/O:				
STREET:				
CITY:		STATE:	ZIP CODE:	
E-MAIL ADDRESS				

<i>(For Official Health Department use only)</i>	<b>FEE DUE NO LATER THAN:</b>	<b>NON REFUNDABLE</b>
	<b>FEE AMOUNT: INITIAL \$125.00 RENEWAL \$75.00</b>	<b>TEMPORARY \$500.00</b>

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

**Mail application and fee to: SANITATION BRANCH  
 99-945 HALAWA VALLEY ST  
 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 the Tattoo Shop Permit is contingent upon compliance with the sanitary requirements of Hawaii Administrative Rules, Title 11, Chapter 17, Section 3, and that said permit, after issuance, may be revoked or suspended for failure to comply with the provisions of this chapter. I am also aware that in the event of withdrawal of this application or failure to qualify for a permit, the fee is not refundable**

\_\_\_\_\_  
 DATE SIGNATURE OF APPLICANT

\_\_\_\_\_  
 TITLE OF APPLICANT PRINT NAME OF APPLICANT

**SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY**

Permit No.	Expiration Date December 31,	Inactive Date:	By:
Fee Paid	Date Paid	Method of Payment	Reason:
Receipt No.	Received By		
APPROVED BY:			
_____ Date	_____ Signature of Agent/Dept. of Health	_____ Sandistrict	
DATE PERMIT MAILED: _____	CHECKED: SU _____	DI _____	