

SANITATION BRANCH  
591 ALA MOANA BOULEVARD  
HONOLULU, HAWAII 96813-4921  
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: \_\_\_\_\_

**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  
591 ALA MOANA BOULEVARD  
HONOLULU, HI 96813**

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