

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:			PLAT	PARCEL
ZIP CODE:		ISLAND:		
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>	FEE DUE NO LATER THAN:	NON REFUNDABLE
	FEE AMOUNT: INITIAL \$125.00 RENEWAL \$75.00	TEMPORARY \$500.00

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

**Mail application and fee to: SANITATION BRANCH
 3040 UMI STREET
 LIHUE, HAWAII 96766**

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		Receipt No.	
APPROVED BY:		Signature of Agent/Dept. of Health		Sandistrict			
DATE PERMIT MAILED: _____		CHECKED: SU _____		DI _____			