

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>	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
 79-1015 HAUKAPILA STREET
 KEALAKEKUA, HI 96750**

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		Reason:	
Method of Payment		Receipt No.		Received By	
APPROVED BY:					
_____ Date		_____ Signature of Agent/Dept. of Health		_____ Sandistrict	
DATE PERMIT MAILED: _____			CHECKED: SU _____ DI _____		