MAUI DISTRICT ENVIRONMENTAL HEALTH OFFICE
54 HIGH STREET, ROOM 300
WAILUKU, HAWAII 96793
TELEPHONE NUMBER: (808) 984-8230 FAX: (808) 984-8237

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	PLAT	PARCEL
CITY: 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				

(For Official Health Department use only)	**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: **MAUI DISTRICT ENVIRONMENTAL HEALTH OFFICE**
54 HIGH STREET, ROOM 300
WAILUKU, HI 96793

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: Reason:	By:	
Fee Paid	Date Paid	Method of Payment	Receipt No.	Received By

APPROVED BY:

Date Signature of Agent/Dept. of Health Sandistrict

DATE PERMIT MAILED: _____ CHECKED: SU _____ DI _____