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: ______________________________

Is this for a tattoo convention in Hawaii? (Circle one)  Yes  No
• If yes, your Tattoo Artist License will be issued at the convention.
• If no, your Tattoo Artist License will be mailed to you.

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:  FOOD SAFETY BRANCH
99-945 HALAWA VALLEY STREET
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 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

<table>
<thead>
<tr>
<th>Fee</th>
<th>Date Paid</th>
<th>Method of Payment</th>
<th>Receipt No.</th>
<th>Receipt By</th>
</tr>
</thead>
<tbody>
<tr>
<td>$75.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th>Date Initial License Issued</th>
<th>Date License Mailed</th>
<th>Expiration Date December 31,</th>
</tr>
</thead>
</table>

FSB APP TAT ARTIST 07/2020