



Texas Department of State Health Services

BUSINESS FILING AND VERIFICATION SECTION TATTOO STUDIO

TATTOO 2505

Initial / Renewal License Application

(Health and Safety Code, Chapter 146

Return both the completed application, and non-refundable check or money order made payable to:

Texas Department of State Health Services, Cash Receipts Branch - MC 2003

PO Box 149347

Austin, TX 78714-9347

For assistance in completing this application call (512) 834-6600

BUDGET: ZZ105 FUND: 088

LICENSE #

Please note: Additional documentation on page 2 must be submitted with this application

Name Business is Conducted Under (DBA):

Physical Address to be Licensed:

City, County, State, Zip Code:

Telephone # at address: ( )

Type of Operation (Check all that apply): Tattooing Micro-blading Scarification Permanent cosmetics

If you are a tattoo studio that also provides body piercing services, a separate application and fee are required for body piercing.

\$927.00 - Tattoo Studio initial/renewal license or change of ownership fee

\$464.00 - Temporary event Only

Date of event (Beginning) (Ending) mon/day/yr mon/day/yr

(License is valid for a maximum of seven consecutive days)

Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00. Any returned checks received after renewal date will be assessed an additional \$100.00 late fee.

**REQUIRED DOCUMENTATION ----ZONING CODE COMPLIANCE VERIFICATION:**

According to Texas Health and Safety Code, Chapter 146, Sec 146.003, you must submit evidence from the appropriate zoning officials in the municipality or county in which the studio is proposed to be located that confirms that the studio is in compliance with existing zoning codes applicable to the studio. A license will not be issued until this documentation has been received by the Department.

**What this means** - you are required to submit a written document from your local city/county Health Department, Zoning Section, which states the address of your business, and that the operation you are performing is allowed at the location. A Certificate of Occupancy will not be accepted.

- I have attached evidence (written document) that confirms that the studio is in compliance with existing zoning codes applicable to the studio.

**VERIFICATION:** I swear or affirm that all information in this application is true and correct. Further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation and am eligible to receive a license. If signing this as owner of a sole proprietorship, I am not delinquent in the payment of any child support owed under chapter 232, Family Code. If signing as a sole proprietor, I certify I have filed the assumed name certificate in appropriate counties pursuant to Business and Commerce Code, Chapter 36. I hereby certify that the studio at the address listed above is located in an area in which the location is permissible under local zoning codes. I further certify that I have read and understand Chapter 146 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapter 229, and agree to abide by them.

<b>Print Name:</b>	<b>Title:</b> <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Designee / Agent
<b>sign here</b> ►	<b>Date:</b>

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website listed below for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

**ALL SIX PAGES OF THE APPLICATION FORM MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED.** Please allow 4-6 weeks for processing.

Visit our website at: **www.dshs.texas.gov**  
Please address **all correspondence** to:  
Texas Department of State Health Services  
Cash Receipts Branch – MC 2003  
PO Box 149347  
Austin, TX 78714-9347

**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any changes in status of firm. Initial licenses will expire two years from the date of payment receipt by the Department.

**New** Start date of regulated activity: \_\_\_\_\_

**Change of ownership:** If change affects multiple licensed locations, contact us at 512-834-6600. **Note** – if ownership name, EIN, DBA, & location are remaining the same, and the only change is the actual owner(s), please call our office prior to submitting this application. If this is a change in parent company only and the licensed information is not changing, call our office prior to submitting the application.

Previous owner: \_\_\_\_\_ Effective date: \_\_\_\_\_

Previous dba name: \_\_\_\_\_

Previous license number: \_\_\_\_\_

**Amended:** If change affects multiple licensed locations contact us at 512-834-6600 prior to submitting application. The current expiration date remains in effect for amendment only.

Location change (previous location): \_\_\_\_\_

DBA Name Change (previous): \_\_\_\_\_

Other: \_\_\_\_\_

**Current license number:** \_\_\_\_\_

**Effective date of change:** \_\_\_\_\_

**Renewal:** Renewals are valid from the anniversary date. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license will be issued. **Note** – if you are submitting an amendment with the renewal, call our office prior to submitting the application. The renewal and amendment carry separate fees that will be due.

**Notice that this firm is out of business.** Date: \_\_\_\_\_

**Not required to license – reason:** \_\_\_\_\_

Sign & date page 1 and return.

**RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS**

A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters; or for the manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence.

**Please note: Only** drug, device, and/or certificate of authority applicants are required to fill in residence address, driver's license number, and date of birth.

\_\_\_\_\_  
Name & title

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Residence address

\_\_\_\_\_  
Driver's license number

**BUSINESS HOURS OF OPERATION** \_\_\_\_\_ **to** \_\_\_\_\_

**WEBSITE/INTERNET ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS INFORMATION** (The license and/or courtesy renewal notice will be sent to the address below).

Mailing name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Name of application preparer (**contact person**): \_\_\_\_\_

Telephone number of contact person: \_\_\_\_\_

Email address of contact person: \_\_\_\_\_

Fax number for contact person: \_\_\_\_\_

**LICENSE HOLDER INFORMATION:** Please enter the 11-digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. Enter the 9-digit Federal Employee Identification Number (**EIN**).

\_\_\_\_\_  
**Taxpayer number**

\_\_\_\_\_  
**EIN number**

**Please note: Only** for Drug, Device, and/or Certificate of Authority applications:

Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor?       Yes       No

**If yes,** please attach a statement explaining the conviction and include a copy of the driver's license with the application.

For the information below, complete the **box** that applies to the ownership of the license. **In addition, where stated below, residence address, driver's license number, and date of birth are required.**

**Sole Owner / Proprietorship**

Name of sole owner: \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Association**       **State Agency**

Name of Association / State Agency: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact person:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Contact person:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Partnership**       **LP**       **LLP**       **LTD**

Name of partnership: \_\_\_\_\_

Address of partnership: \_\_\_\_\_

Effective date of partnership: \_\_\_\_\_

(partnership information continued on next page)

**Partner name:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Partner name:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Partner name:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Corporation**       **LLC**

Effective date of Incorporation: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_

**President:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Officer:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Officer:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Registered Agent:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_