



Texas Department of State Health Services

BUSINESS FILING AND VERIFICATION SECTION TATTOO STUDIO

TATTOO 2505

Minor Amendment 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 holds a body piercing license, a separate amended application and fee is required for the body piercing license.

\$450.00 - Tattoo studio license minor amendment 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.

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any changes in status of firm.

Amendment of ownership name (this does not include an ownership change): This means the EIN/Taxpayer Numbers are remaining the same and the firm has submitted an amendment with the Secretary of State and the Comptroller's office. The current expire date remains in effect.

If change affects multiple licensed locations, contact us at 512-834-6600.

Previous name: _____

License number: _____ Effective date of change: _____

Amended DBA name or location: If change affects multiple licensed locations contact us at 512-834-6600 prior to submitting application. The current expiration date remains in effect for an 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 _____