

**Miami-Dade County
Local Business Tax Section**

PERMANENT MAKE-UP / TATTOO AFFIDAVIT

STATE OF FLORIDA

License # _____

COUNTY OF MIAMI-DADE

BEFORE ME, personally appear this date and made oath as follows:

I am a licensed medical/dental doctor in the State of Florida.

I agree to supervise techniques, procedures, equipments and health safety measures implemented by (tattooer) _____ at _____ in the area of PERMANENT MAKE-UP / TATTOO, as required by law.

I will also provide the required semi-annual training in the areas of infection control, sterilization and emergency procedures.

I understand that if this statement contains any misrepresentation, I shall have rendered myself liable for the full penalty of the laws therefore made and provided.

PHYSICIAN/DENTIST (PRINT)

SIGNATURE

OCCUPATIONAL LICENSE
NUMBER*

Sworn and subscribed before me

this _____ day of _____, 20____

Notary Public

*If not licensed in Miami-Dade County, the physician/dentist must provide a copy of his/her current state license and tax receipt from the county in which they practice. F.S. Sec 877.04