APPLICATION FOR
TATTOO ARTIST LICENSE

Application Fee Pursuant to Sec. 18-394: $25.00 Paid: ___
License Fee Pursuant to Sec. 18-412: $50.00 Paid: ___
Expires: December 31, EACH YEAR

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____County: _____Zip Code: _____

Social Security Number: _____

Driver's License Number: _____

Applicant's Weight: _____ Height: _____

Eye Color: _____ Hair Color: _____

Provide Written evidence that applicant is at least eighteen (18) years of age.

Business, occupation or employment of the Applicant for the three (3) years immediately preceding the date of application: _____

_____

_____

Tattoo Establishment where you will be working: _____

Have you ever been convicted of any crime, except misdemeanor traffic violations?

Yes _____ No _____

If yes, please state the place and court in which such conviction was obtained and the sentence imposed as a result of such conviction.

_____

_____

_____

I hereby certify that all information provided as part of this application is true and correct.

Signature: _____

FOR OFFICE USE ONLY

1. Application Fees Paid? Yes _____ No _____

2. License Fees Paid? Yes _____ No _____

3. Written Evidence Received that Application is at least eighteen (18) years of Age Received?

   Yes ☐ No ☐ If Yes, What document was provided:_____

4. Annual Application For Business Permit License Received: Yes _____ No _____

5. Sewer And Garbage Past Due Balance: Yes _____ No _____

6. Property Taxes Past Due: Yes _____ No _____

7. Code Enforcement Fines Past Due: Yes _____ No _____

Application Approved/Denied:_____

Authorized Staff Signature:_____

Approval Date:_____