APPLICATION FOR
TATTOO ESTABLISHMENT LICENSE

Application Fee (Pursuant to Sec. 18-391): $50.00 Paid: ___
License Fee (Pursuant to Sec. 18-411): $100.00 Paid: ___
Expires: December 31st 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: _____

Please provide written evidence that applicant is at least eighteen (18) years of age.

If Applicant is a corporation, state names of officers as indicated, with their respective residence addresses, giving street and number, city and state:

President: Name_____

_____

Vice-President: Name_____

_____

Secretary: Name_____

_____

Treasurer: Name_____

_____

Director: Name_____

_____

Director: Name_____

_____

Location of place of business for which license is sought:

(A)_____ Telephone No._____
(Exact address by street and number)

(B)_____ Telephone No._____
(Full description of location, place or premises, specifying floor, room, etc.)

Set forth the exact nature of the services to be provided: _____

_____

_____

List the most recent two addresses of Applicant prior to the present address:

(1)_____

(2)_____

If applicable, state the tattoo or similar business license history of Applicant, whether the Applicant has ever had such license revoked or suspended, the reasons therefore, and the business activity or occupation subsequent to such action of suspension or revocation:

_____

_____

_____

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

_____

_____

_____

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.

_____

_____

_____

Provide two (2) portrait photographs of Applicant at least two inches by two inches (2” x 2”).

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. Two (2) portrait photographs of Applicant at least two inches by two inches (2" x 2") provided?

   Yes _____ No _____
5. Annual Application For Business Permit License Received: Yes _____ No _____
6. Sewer And Garbage Past Due Balance: Yes _____ No _____
7. Property Taxes Past Due: Yes _____ No _____
8. Code Enforcement Fines Past Due: Yes _____ No _____

Application Approved/Denied:_____

Authorized Staff Signature:_____

Approval Date:_____