## APPLICATION FOR TATTOO ARTIST LICENSE

Application Fee: \$25.00 Paid: L			<u>_icense Fee: \$50.00 Paid:</u>	
Expires: December	<sup>.</sup> 31, 2024			
Name:			Date:	
Address:			Phone:	
City:	County:		Zip Code:	
Social Security Number: _				
Driver's License Number:				
Applicant's weight:	height:	eye color:	hair color:	
			f age:	
Business, occupation or e preceding the date of app				
Tattoo Establishment whe	re you will be work	ing:		
Have you ever been conv	icted of any crime,	except misdemear	nor traffic violations?	
	Yes	No		
If yes, please state the pla	ace and court in wh	ich such conviction	was obtained and the sentence	
imposed as a result of suc				
I hereby certify that all inform	nation provided as pa	art of this application	is true and correct.	