APPLICATION FOR TATTOO ARTIST LICENSE

Application Fee: \$25.00 Paid: License Fee: \$50.00 Paid:				
Expires: December	r 31, 2025			
Name:			Date:	
Address:			Phone:	
City:	County:		Zip Code:	
Social Security Number:				
Driver's License Number:				
			hair color:	
Written evidence that app	licant is at least eig	hteen (18) years of	age:	
Have you ever been conv	ricted of any crime, Yes	•		
If yes, please state the plaimposed as a result of suc		ich such conviction	was obtained and the sentence	
I hereby certify that all informations	mation provided as pa	rt of this application is	s true and correct.	