

**APPLICATION
FOR
TATTOO ESTABLISHMENT LICENSE**

Application Fee: \$50.00 Paid: _____ License Fee: \$100.00 Paid: _____

Expires: December 31, 2020

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ County: _____ Zip Code: _____

Social Security Number: _____

Driver's License Number: _____

Applicant's weight: _____ height: _____ eye color: _____ hair color: _____

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: _____