

**APPLICATION  
FOR  
TATTOO ESTABLISHMENT LICENSE**

**Application Fee: \$50.00 Paid: \_\_\_\_\_      License Fee: \$100.00 Paid: \_\_\_\_\_**

**Expires: December 31, 2021**

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: \_\_\_\_\_