

TATTOO OR BODY PIERCING

APPLICATION

FOR LICENSE TO OPERATE IN

THE CITY OF MARION, ILLINOIS

ANNUAL FEE: \$500.00

DUE APRIL 1ST YEARLY

Approved: _____

License #: _____

Date: _____

**APPLICATION FOR PERMIT TO ENGAGE IN
TATTOOING OR BODY PIERCING IN
THE CITY OF MARION, ILLINOIS**

1. Name of Business: _____

2. Business Address: _____

Own ____ Rent ____ Name of Landlord _____

3. Phone Number: *Business* _____ *Cell* _____

4. Name of Tattoo Artist(s): _____

5. Name of Body Piercer(s): _____

DOB _____ D/L# _____

DOB _____ D/L# _____

DOB _____ D/L# _____

DOB _____ D/L# _____

6. Certificates of training or experience in tattooing or body piercing, if any, and where received. (Please attach supporting documentation)

1. _____

2. _____

3. _____

4. _____

7. Has applicant(s) operated a tattooing or body piercing facility previously?

Yes _____ or No _____ If yes, please state location, length, and name of operation.

Business Name

Address

Years in Business

8. Has the applicant(s) been previously employed by an operator of a tattooing or body piercing facility? _____. If yes, please state the name of employer, location, and length of such employment.

Previous Employer

Name/Address

Length

9. Has the applicant(s) or any tattooing or body piercing facility in which applicant(s) has been employed by been cited for violation of any ordinance, or law regulation pertaining to tattooing or body piercing by any governing agency? Yes _____ or No _____ If yes, please state the nature of the citation, date, location of the facility, and name of authority or agency issuing the citation.

Date

Nature of Citation

Location of Facility

Agency

10. Please state the place(s) of any permit or license issued to engage in tattooing or body piercing currently held by the applicant(s) or held by anyone by whom the applicant has been employed.

11. Has the applicant(s) been convicted of a felony? Yes _____ or No _____ If yes, please state name, when, where, and the nature of the offense.

12. Is the applicant(s) a member of any tattoo organization(s)? Yes _____ or No _____ If yes, please list organizations below.

13. Does the applicant(s) attend any continued education or seminars to further their training and education? Yes _____ or No _____

Where: _____

Applicant: _____ Date: _____

Where: _____

Applicant: _____ Date: _____

Where: _____

Applicant: _____ Date: _____

*The undersigned understands that misleading or false information provided by the applicant(s) in the foregoing application will result in denial of a permit. If a permit is issued, and it is determined the applicant provided misleading or false information, the permit may be suspended or revoked.

Applicant: _____

Date: _____

Applicant: _____

Date: _____

Applicant: _____

Date: _____