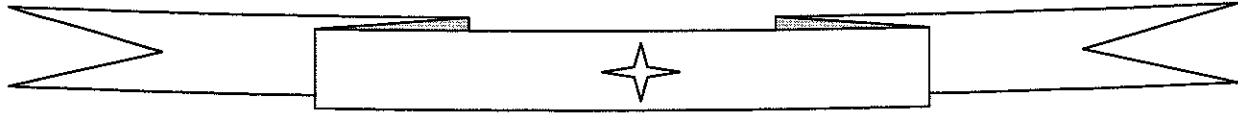


# TATTOO AND/OR BODY PIERCING ESTABLISHMENT APPLICATION FORM



**NOT TRANSFERABLE  
PENNINGTON COUNTY IS UNDER NO OBLIGATION TO  
REFUND LICENSE APPLICATION FEES IF LICENSE IS DENIED**

The undersigned makes application under the provisions of Ordinance #137 for the period ending June 30, 20 10.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Owner's Telephone: \_\_\_\_\_

Privately Owned: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

If partnership or corporation, list name, residence address and telephone number of partners, officers, directors or 10% shareholders (use separate sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident Agent or contact person (if not listed above) for partnership or corporate owners (name, address, telephone) \_\_\_\_\_

Has business operated in a previous location within the past three years? (If yes, list address / location.) \_\_\_\_\_  
\_\_\_\_\_

Has (or does) applicant operated other tattoo and/or body piercing establishments in another location or under different names? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list business name and address.)

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Has applicant ever had a business license suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, explain details.)

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What type of services will be provided? \_\_\_\_\_

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Name and address of each artist who will or may be practicing at this location.

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Applicant must attach a photocopy of driver's license or other identification and a copy of the Sales Tax License to verify ownership.

The undersigned applicant certifies under the penalties of perjury, by law provided that all statements herein are true and correct and that the said applicant complies with all of the statutory requirements for the class of license being applied for.

Applicant's Signature

Date

License renewal shall be on an annual basis, the licensing year is July 1<sup>st</sup> to June 30<sup>th</sup> of each year. You will be notified by mail at the address recorded on your application in April of each year to advise you of the approaching renewal deadline.

**FOR OFFICE USE ONLY**

License Number: \_\_\_\_\_

Amount of Fees Collected with Application: \_\_\_\_\_

Pennington County Ordinance Officer Notified: \_\_\_\_\_

Inspection date: \_\_\_\_\_ Date Approved: \_\_\_\_\_