

# CITY OF ROCK ISLAND

## LICENSE APPLICATION



### TATTOO ARTIST

License Year: May 1 through April 30

New Application \_\_\_\_\_  
Fee: \$50/per year

Renewal \_\_\_\_\_

#### APPLICANT INFORMATION

NAME	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.	DATE OF BIRTH	CITY AND STATE OF BIRTH		
ARE YOU A U.S. CITIZEN	SOCIAL SECURITY NUMBER			

Provide two (2) previous (home) addresses for applicant prior to current residence.

Employed By: \_\_\_\_\_  
Name of Business

\_\_\_\_\_ Location of business (address)

Telephone Number: \_\_\_\_\_

List Tattoo Artist License History: (Where employed, dates of employment, etc.)

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HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
BUILD	SCARS/ IDENTIFYING MARKS		

Has applicant ever applied for a license under this ordinance that has been denied or revoked?	YES	NO
Has applicant ever been convicted of any violation of law or ordinance relating to a tattoo license? If "Yes" explain.	YES	NO

**A copy of the applicant's driver's license or photo ID card must be attached to this application to show that applicant is over the age of eighteen (18).**

A certificate of a medical doctor designating that the applicant has recently been examined and is free of any contagious or communicable disease that in the opinion of the medical doctor can be transmitted during the tattooing process. Immunization for hepatitis B is strongly recommended.

I certify that the above statements are true, and untruths or omissions could be grounds for my license to be revoked. I have read and understand the ordinance regarding Tattooing and realize that I am obligated to abide by it. I further understand and agree to the following:

1. A criminal background investigation may be conducted on me, the applicant.
2. Any police officer or other city official is permitted free and unrestricted access to the business premises where I am employed.
3. This license is non-transferable.

Application is hereby made to obtain (or renew) a license as a Tattoo Artist Establishment in the City of Rock Island as set forth in ordinance and all subsequent amendments thereto.

\_\_\_\_\_  
**Signature of Applicant/Owner**

\_\_\_\_\_  
**Date of Application**

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**DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE**

Driver's License copy attached? YES \_\_\_\_\_ NO \_\_\_\_\_

Medical statement attached? YES \_\_\_\_\_ NO \_\_\_\_\_

City Clerk Approval Date

License Fee

License Fee Receipt Number

License Number

License Printed Date

License Delivery Date

**Return Completed Application to:  
City Clerk's Office, 1528 3<sup>rd</sup> Avenue, Rock Island, IL. 61201  
(309) 732-2010**