

CITY OF ROCK ISLAND

LICENSE APPLICATION



TATTOO BUSINESS

License Year: May 1 through April 30

New Application _____
Fee: \$100/per year

Renewal _____

APPLICANT INFORMATION

BUSINESS NAME	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

NAME - OWNER	HOME ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

If owner is a partnership, list names and addresses for all partners. If owner is a corporation, list names and addresses of all officers and state of incorporation. (use separate sheet if needed)

Provide two (if applicable) addresses for applicant prior to current residence.

List the names of all employees that work for this establishment. Note: There will be a continuous obligation to notify the City Clerk within ten (10) days after the hiring or termination of any employee.

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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).

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 Tattoo Businesses 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 and also on the officers of the business/corporation.
2. Any police officer or other City official is permitted free and unrestricted access to the business premises for which this license is issued.
3. This business license is non-transferable.
4. I will observe the laws of the United States, the State of Illinois and the City of Rock Island in conducting this business.

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

Signature of Applicant

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 _____

Health Officer Approval: 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 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010**