

# CITY OF ROCK ISLAND

## LICENSE APPLICATION



### TATTOO ESTABLISHMENT

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)

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

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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?	<b>YES</b>	<b>NO</b>
Has applicant ever been convicted of any violation of law or ordinance relating to a tattoo license? If "Yes" explain.	<b>YES</b>	<b>NO</b>

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**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 Establishments 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 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 3<sup>rd</sup> Avenue, Rock Island, IL. 61201  
(309) 732-2010**