



BODY ART ESTABLISHMENT RENEWAL APPLICATION

(Municipal Code Chapter 67 "Body Art Establishments")

Licensing Period: January 1 – December 31

BEFORE PROCEEDING, PLEASE NOTE THE FOLLOWING:

- **NEW** license application, required documents, and application fee in the amount of **\$250.00** due upon submission.
- **RENEWAL** license application, required documents, and renewal fee in the amount of **\$100.00** due annually on or before December 15 to: City of DeKalb, Attn: Ruth Scott, 200 S. Fourth Street, DeKalb, Illinois 60115
- The submission of an incomplete renewal application and/or the failure to submit required documentation will be subject to an Administrative Processing Fee in the amount of \$50.00.
- Print or type legibly.

BUSINESS APPLICANT INFORMATION

- Individual or Sole Proprietorship.**
- Partnership.** General partners, limited partners and managing partners with an interest equal to or greater than 5%.
- *Corporation.** Officers, directors and shareholders with stock equal to or greater than 5%. *Attach a copy of Certificate of Good Standing from the Secretary of State's Office, which can be found at: www.cyberdriveillinois.com/departments/business_services/corp.html or call (217) 782-6875.*
- *Limited Liability Company (LLC).** *Attach a copy of Certificate of Good Standing from the Secretary of State's Office, which can be found at: www.cyberdriveillinois.com/departments/business_services/corp.html or call (217) 782-6875.*

Name of Individual, Partnership, Corporation or LLC: _____

Doing Business As (d/b/a): _____

Date of Formation or Incorporation: _____

Business Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Email Address: _____

Describe below the business operation and types of services provided:

***Corporations or Limited Liability Companies only, please complete this section.**

Name of Registered Agent for the Business: _____

Address: _____

Telephone No.: _____

Email Address: _____

Illinois Business Tax Number (IBT or Sales Tax No.): _____

Yes No Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?

Yes No Are you a defaulter in any financial obligation to the City, including but not limited to the payment of any fines, fees, taxes, bills or assessments due to the City?

Yes No Within the preceding seven (7) years, have you been convicted of a felony, any sex offense, drug or narcotics offense, battery or convicted of being the keeper of or are keeping a house of ill fame, or convicted of other crimes opposed to honesty, decency and morality? (PLEASE NOTE that applicant is not required to disclose any sealed or expunged convictions.)

OWNERSHIP INFORMATION *(Make additional copies of this page if needed)*

Name (Last, First, Middle Initial): _____

Title/Position: _____

Home Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Date of Birth: _____ Sex: _____ % Owned: _____

Name (Last, First, Middle Initial): _____

Title/Position: _____

Home Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Date of Birth: _____ Sex: _____ % Owned: _____

Name (Last, First, Middle Initial): _____

Title/Position: _____

Home Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Date of Birth: _____ Sex: _____ % Owned: _____

Name (Last, First, Middle Initial): _____

Title/Position: _____

Home Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Date of Birth: _____ Sex: _____ % Owned: _____

BODY ART ESTABLISHMENT LICENSE HISTORY

Yes No Have you applied for a body art establishment license in DeKalb or any other jurisdiction? If “yes”, provide the name of the municipality, county or state, the date of such application, and the disposition of such application.

Name of Governmental Body: _____

Date of application: _____

Disposition: Granted Denied Withdrawn Expired

Yes No Have you ever been granted a body art or tattoo establishment license? If “yes” provide the following information:

Name of Governmental Body that Issued License: _____

Date Issued: _____ Date Expired: _____

Yes No Have you had any previous Body Art Establishment License and/or Tattoo License revoked?

PROPERTY / LOCATION INFORMATION *(Attachment required and must be included with the submitted application)*

Do you own the premises on which the license is to be located: Yes No

If “yes”, please supply a copy of the documentation (deed or trust agreement) evidencing ownership.

If “no”, provide landlord’s contact information and documentation evidencing a lease of the premises.

Landlord’s Name: _____

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

(The remainder of this page left intentionally blank)

BODY ARTISTS' INFORMATION *(Proof of completion of a bloodborne pathogen training program, compliant with the OSHA Bloodborne Pathogens requirement (29 CFR 1910.1030), for each of the body artists employed by the applicant)*

(make additional copies of this page if needed)

Name: _____

Residential Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Name: _____

Residential Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Name: _____

Residential Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Name: _____

Residential Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Name: _____

Residential Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Name: _____

Residential Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Name: _____

Residential Address: _____

City, State, Zip Code: _____

Telephone No.: _____

THE FOLLOWING DOCUMENTS, AS WELL AS THOSE NOTED ABOVE (IN RED), MUST ACCOMPANY THIS APPLICATION:

1. A scale (1:20) site plan showing the interior of the premises where the body art services will take place, identifying the source of hot and cold running water, other utilities and sharps container(s) to be used.
2. A copy of the current Certificate of Registration issued by the State of Illinois Department of Public Health for the Body Art Establishment premises.
3. Certificate of public liability insurance, in a minimum amount of \$100,000 per incident and occurrence, that contains a provision requiring a 30-day advance notice to the City of DeKalb of any cancellation or non-renewal.
4. A copy of the aftercare instructions to be provided by the person(s) who will perform the tattooing.

SIGNATURE/TITLE/DATE

An owner, an officer, a partner or an officially authorized agent of the business must sign the application. The signature must be an original - rubber stamps are not accepted.

By submitting this signed application, the licensee certifies under oath, and subject to penalties of perjury, that: *(initial each statement)*

- ___ a. Body art may not be sold or offered for sale prior to the date the City of DeKalb's Body Art Establishment license is issued.
- ___ b. The matters stated in the foregoing application are true and correct and made upon his/her personal knowledge and information, and made for the purpose of requesting the City of DeKalb to issue the license herein applied for.
- ___ c. The applicant and each individual with an ownership interest is qualified and eligible to obtain the license applied for.
- ___ d. The applicant will not violate any of the laws of the United States of America, the State of Illinois, or the City of DeKalb, in particular, the City of DeKalb's Body Art Establishment (Tattoo) ordinance – Chapter 67 – City of DeKalb's ordinances, rules and regulations, and the civil rights thereof.
- ___ e. The applicant will notify the City of DeKalb City Manager's Office within 14 days of changes in any of the information provided.
- ___ f. Failure to submit the renewal application on or before December 15 will result in the assessment of a \$50.00 Administration Processing Fee.
- ___ g. Failure to submit a renewal application after December 15 but on or before December 30 will result in the assessment of a second level Administrative Processing Fee of \$100.00.
- ___ h. Submission of a renewal application after December 31 will result in an emergency suspension of the license by the City Manager, or designee, and the assessment of a fine in the minimum amount of \$150.00, plus any costs, in addition to Administrative Processing Fees set forth. Said Administrative Processing Fess will be paid before a renewed license will be issued. A hearing to reinstate the after suspension will be held within seven (7) business days of the date of such suspension.
- ___ i. No Body Art Establishment license may be sold, assigned, mortgaged or otherwise transferred without the prior consent of the DeKalb City Council.

SIGNATURE PAGE FOLLOWS

Signature of Applicant/Authorized Agent

Title/Position

Print Name

Date

Signature of Applicant/Authorized Agent

Title/Position

Print Name

Date

This document must be notarized prior to submission.

Subscribed and sworn before me this _____ day of _____, 20 _____.

_____, Notary Public (Stamp)

FOR CITY USE ONLY

Date Received: _____

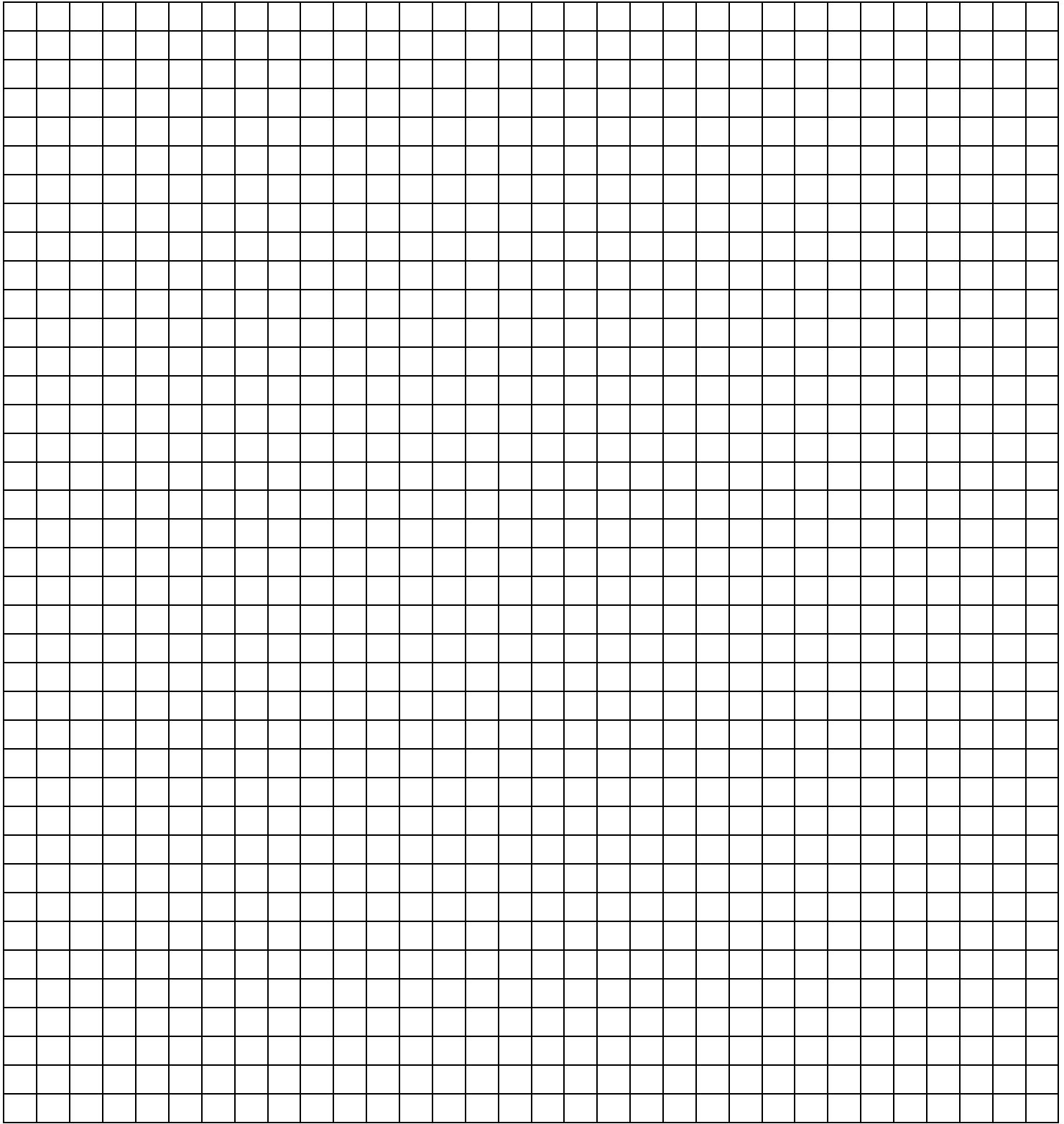
Renewal Fee Paid: \$ _____

Check #: _____ Cash

License No.: _____

PROPERTY ADDRESS: _____

Please use graph paper for required drawing. One square equals one foot, unless a different scale is indicated. Submission of a drawing will be required each year with renewal applications. Please keep a copy for your records. Copies will not be available from City files.



Please use listed symbols: DOOR  WINDOW  FIRE EXTINGUISHER **X**
SMOKE DETECTOR 

BACKGROUND INVESTIGATION FORM

(Submit with Application)

BUSINESS NAME: _____

APPLICANT'S ROLE WITH THE BUSINESS: _____

NAME OF APPLICANT (FULL NAME WITH MIDDLE INITIAL): _____

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY: _____

PRESENT HOME ADDRESS: _____

PHONE: _____

PREVIOUS ADDRESS(ES) (PAST 5 YEARS):

BIRTH DATE: MONTH: _____ DAY: _____ YEAR: _____

BIRTH PLACE: CITY: _____ STATE: _____ COUNTRY: _____

CITIZEN OF U.S.? Yes No - IF NO, DATE AND PLACE OF NATURALIZATION: _____

WEIGHT: _____ SEX: _____ HAIR COLOR: _____

HEIGHT: _____ RACE: _____ EYE COLOR: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

Has applicant pled, been found guilty, or have pending charges for any crimes including, but not limited to firearms, gambling, racketeering, alcohol, controlled substances, sexual offenses, prostitution, assault, battery or contributing to the delinquency of a minor? Yes No - If yes, attach explanation.

STATEMENT

I authorize and empower the DeKalb Police Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record, if any, health, personal characteristics and mode of living through records, correspondence or personal interviews with neighbors, friends or associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear (or affirm) the above information is true and correct to the best of my knowledge. I understand that this form is to be utilized to complete a criminal, driving, and/or general background investigation into myself, and by signing below, wish to indicate my consent to that investigation and any subsequent questioning or review of myself, others, or records relating to myself that arises out of such investigation. To the fullest extent of the law, I knowingly and voluntarily waive any and all claims of any kind arising out of or related to the background investigation and agree to indemnify and hold harmless the City of DeKalb, its agents and employees from any such claims, losses or damages.

APPLICATIONS MUST BE SIGNED IN THE PRESENCE OF A NOTARY BEFORE BEING SUBMITTED TO THE CITY FOR PROCESSING. A NOTARY WILL REQUIRE THAT YOU PROVIDE A VALID DRIVER'S LICENSE AT THE TIME OF SIGNING.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public