



TATTOO / BODY PIERCING STUDIO

DATE \_\_\_\_\_

INITIAL APP (\$150) \_\_\_\_\_

RENEWAL APP (\$50) \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

APPLICANT STATE LICENSING NUMBER \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

PROPOSED LOCATION OF STUDIO \_\_\_\_\_

LOCATION IS IN BUSINESS ZONING AND NOT WITHIN 1,000 FEET OF A CHURCH,  
SCHOOL, OR RESIDENTIAL PROPERTY LINE    \_\_\_ YES                    \_\_\_ NO

SUPPORT DOCUMENTS

COPY OF STATE LICENSE (DHS) \_\_\_\_\_

COPY OF STATE ID \_\_\_\_\_

CONFIGURATION OF PREMISES  
INCLUDING TOTAL FLOOR SPACE \_\_\_\_\_

FEE PAID \_\_\_\_\_