



United City of Yorkville
651 Prairie Pointe Drive
Yorkville, Illinois 60560
630-553-4350

Application for Tattoo / Body Piercing Establishment License

Please print legibly in ink or type application.

License Term – January 1 through December 31

Application Fee - \$100.00

License Fee - \$100.00

Type of Business: Corporation ☐ LLC ☐ Partnership ☐ Individual Sole Proprietor ☐

Name of Corporation, LLC, Partnership, or Individual: _____

Office Address of Corporation, LLC, Partnership: _____

_____, City / State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Contact Person: _____ Email: _____

FEIN: _____ Illinois Tax Number: _____

Local Business Name (assumed or d/b/a name): _____

Local Street Address: _____ City / State: _____ Zip: _____

Mailing Address: _____ City / State: _____ Zip: _____

Local Business Phone: _____ Fax: _____

Mail renewal application to: Local Business Address ☐ Corporation, LLC, Partnership Address ☐

Describe services to be provided: _____

Hours of Operation: _____



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Section 1: On-site General Manager:

Name: Last: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

If less than five (5) years, please list your previous home address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Email Address: _____

Driver's License/State ID#: _____ State Issued: _____

Position/Title: _____ Date of Birth: _____

Percentage of Business Owned: _____

Please list the general manager's employment history with addresses for the past three (3) years:

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____



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Section 2: Business Information:

For Corporations - List each Officer, Director, and Shareholder owning more than 5% of stock.

For LLCs – List LLC Manager and all members of the LLC.

For Partnerships – List each Partner.

For Individual applicant – List individual applicant.

Name: Last: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

If less than five (5) years, please list your previous home address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Email Address: _____

Driver's License/State ID#: _____ State Issued: _____

Position/Title: _____ Date of Birth: _____

Percentage of Business Owned: _____

Please list employment history with addresses for the past three (3) years:

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

*** Please copy this page (if needed) to list all required persons**



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Section 3: Questions regarding On-site General Manager and all Persons listed in Section 2:

Has any person listed in Section 1 and Section 2 ever been convicted of any criminal offense or ordinance violation (other than traffic or parking offenses)? Yes ☐ No ☐

If yes, please list the name of the violator(s), the type, date and location of said offense below:

Name of Individual: _____

Type of Violation: _____

Date of Violation: _____ Location of Violation: _____

Details of Violation: _____

Has any person listed in Section 1 and Section 2 ever had a tattoo or body piercing, or other similar permit or license denied, revoked or suspended by a municipality, another local agency or the state of Illinois?

Yes ☐ No ☐

If yes, please list the name of business which had said license denied, revoked, or suspended, its location, the date of the denial, revocation, or suspension, and all details of the denial, revocation, or suspension, including events leading to the denial, revocation, or suspension below:

Name of Business: _____

Address of Business: _____

State, County, City of Business: _____

Date of Denial, Revocation, or Suspension: _____

Details of Violation: _____

Has any person listed in Section 1 and Section 2 previously applied for a tattoo or body piercing establishment license on premises other than described in this application? Yes ☐ No ☐

If yes, please list all names and all locations, including the city, county and state and describe outcome of such applications:

Name of Business: _____

Address of Business: _____

State, County, City of Business: _____

Status of application – approved or denied: _____

*** Please copy this page (if needed) to list additional violations**



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Section 4: Operators:

Please list each Operator who is or will be employed in this establishment:

Name: Last: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

If less than five (5) years, please list your previous home address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Driver's License/State ID#: _____ State Issued: _____

Position/Title: _____ Date of Birth: _____

Name: Last: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

If less than five (5) years, please list your previous home address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Driver's License/State ID#: _____ State Issued: _____

Position/Title: _____ Date of Birth: _____

Name: Last: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

If less than five (5) years, please list your previous home address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Driver's License/State ID#: _____ State Issued: _____

Position/Title: _____ Date of Birth: _____

*** Please copy this page (if needed) to list additional operators**



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Section 5: Tattoo and Body Piercing Establishment Rules and Regulations:

Has the applicant acquainted himself with the rules and regulations as defined in City Code Title 3, Chapter 10

- Regulating Tattoo and Body Piercing Establishments?

Yes ☐ No ☐

Does the applicant intend to comply with each and every provision thereof?

Yes ☐ No ☐

List the number of employees: _____ List the number of toilet facilities: _____

Is the main entrance door visible from a public street?

Yes ☐ No ☐

Does the applicant have malpractice insurance in a minimum amount of one million dollars (\$1,000,000.00)?

Yes ☐ No ☐ Attach copy to application.

Does the applicant have a Certificate of Registration from the Department of Public Health?

Yes ☐ No ☐ Attach copy to application.



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Section 6: Business Premises:

Does the applicant own the premises where the tattoo or body piercing establishment business will be operated and maintained?

Yes ☐ No ☐

If not, does the applicant have a valid lease?

Yes ☐ No ☐

Name and address of owner of premises:

Business Name: _____

Owner : Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Section 7: Zoning:

Please contact the Community Development Department at (630)553-8573 to check the zoning of the proposed business location prior to filing your application.

Zoning Classification of Premises to be licensed: _____

Section 8: Building Department Permits/Inspections:

Please contact the Building Department at (630)553-8545 to check to see if any permits and/or inspections are required for your business.

Applicants must submit the following with their application:

- ☐ Copy of Valid Driver's License or State ID for all persons listed in this application.
- ☐ Copy of Certificate of Liability Insurance showing malpractice insurance.
- ☐ Copy of Certificate of Registration from the Department of Public Health.
- ☐ Tattoo / Body Piercing Establishment Non-Refundable Application Fee - \$100.00
- ☐ Tattoo / Body Piercing Establishment License Fee - \$100.00
- ☐ Fingerprinting is required on applicant, partners, officers, listed shareholders owning more than five percent (5%) of stock and the on-site general manager. The fingerprinting fee is \$27.00 per person.



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Waiver and Release of All Claims Form

Please read this statement carefully and be aware that by agreeing to allow the United City of Yorkville to investigate your criminal/financial background, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I AUTHORIZE an investigator or other duly accredited representative of the United City of Yorkville or its agents to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

I AUTHORIZE custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative of the United City of Yorkville or its agents authorized above regardless of any previous agreement to the contrary.

I WAIVE and relinquish all claims I may have against the United City of Yorkville and its officers, agents, servants, and employees, as a result of participating in this background check.

I STATE that I have read and fully understand this Waiver and Release of All Claims Form.

Signature of Applicant

Date

Printed Name of Applicant

Affidavit for a Tattoo / Body Piercing Establishment License

State of Illinois

County of Kendall

In witness whereof, the undersigned, being duly sworn verifies that the statements contained in this Application for a Tattoo / Body Piercing Establishment License are true and correct, along with the acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information.

Signature of Applicant

Printed Name of Applicant

Applicant Title

Date

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ DAY OF _____, 20____.

NOTARY