



# BODY ART ESTABLISHMENT RENEWAL APPLICATION

JANUARY 1 – DECEMBER 31 LICENSING TERM

(Municipal Code Chapter 67 "Body Art Establishments")

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_

*Note: The name and address must be the same as the one printed on the Illinois Department of Revenue Sales Tax Registration Certificate.*

Doing Business as (d/b/a): \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**Describe the types of services provided:** \_\_\_\_\_

**Choose the applicable information below that corresponds to your business' official documents filed with the Office of the Secretary of State.**

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](http://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](http://www.cyberdriveillinois.com/departments/business_services/corp.html) or call (217) 782-6875.*

**Date of Formation or Incorporation:** \_\_\_\_\_

**Registered Agent:** If the license is to be issued to a Corporation or Limited Liability Corporation (LLC), enter the name, address, and telephone number of the Registered Agent for the business.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**Illinois Business Tax Number (IBT or Sales Tax No.):** \_\_\_\_\_

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## OWNERSHIP INFORMATION

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ % Owned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ % Owned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

## ELIGIBILITY QUESTIONS

- ☐ 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.)

## 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 renewal 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.: \_\_\_\_\_

**CORRESPONDENCE** Provide a current mailing address and email address for all future correspondence, including body art establishment license renewal information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**BODY ARTIST 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 artist employed)*

(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 and lists the City of DeKalb as an additional insured.
4. A copy of the aftercare instructions provided by the person(s) performing services.

**SIGNATURE / TITLE / DATE**

An owner, an officer, a partner or an officially authorized agent of the business must sign the application.

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 Fee 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 of Applicant/Authorized Agent

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**REQUIRED ATTACHMENTS CHECKLIST** (Note: Failure to submit the following documents will result in a \$200 Supplemental Fee)

- \_\_\_ \$100.00 Renewal Fee
- \_\_\_ Status of Business (if the business is a Corporation or Limited Liability Company (LLC) – see page 1 of this application)
- \_\_\_ Property/Location Information (see page 3 of this application)
- \_\_\_ 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 – see page 4 of this application)
- \_\_\_ 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. (see page 5 of this application)
- \_\_\_ A copy of the current Certificate of Registration issued by the State of Illinois Department of Public Health for the Body Art Establishment premises. (see page 5 of this application)
- \_\_\_ 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 and lists the City of DeKalb as an additional insured. (see page 5 of this application)
- \_\_\_ A copy of the aftercare instructions to be provided by the person(s) performing services. (see page 5 of this application)

**ADDITIONAL INFORMATION**

Failure to submit a renewal application to the City of DeKalb on or before December 15<sup>th</sup> will result in the assessment of a first level administrative processing fee of \$50.00.

Failure to submit a renewal application on or before December 30<sup>th</sup> of each year will result in the assessment of a second level administrative processing fee of an additional \$100.00.

Failure to submit a renewal application on or before December 31<sup>st</sup> of each year shall result in an emergency suspension of the license by the City Manager or his designee and the assessment of a fine in the minimum amount of \$150.00, plus any costs, in addition to those administrative processing fees set forth in this section. Said administrative processing fees shall be paid before a renewed license will be issued by the City. A hearing to reinstate said license shall be held within seven (7) business days of the date of such emergency suspension.

Establishments wishing to pay in person, may mail or hand deliver the application, completed in its entirety, along with the required fee(s), to:

City of DeKalb  
Attn: Ruth Scott  
164 E. Lincoln Highway  
DeKalb, Illinois 60115

Make checks payable to: City of DeKalb.

**Online Payments:** Renewal fees can also be paid online by clicking [here](#) and entering the establishment's business address.

The establishment may pay online using a credit or debit card, Google Pay, or EFT (check).

Payments made by electronic check/ACH are subject to a service fee of \$1.95. For all other payment options, a convenience fee of 3.25% of the transaction will be applied with a minimum fee of \$3.25.

Online payment is not required.

### **Miscellaneous Information**

Chapter 67 "Body Art Establishments" of the City of DeKalb's Municipal Code can be accessed by clicking [here](#).

Questions regarding the renewal application should be directed to Executive Assistant Ruth Scott in the City Manager's Office by telephone at (815) 748-2090 or via email at [ruth.scott@cityofdekalb.com](mailto:ruth.scott@cityofdekalb.com).

It is recommended that each establishment retain a copy of the completed application document for its records.

This renewal application has been revised as of November 15, 2024. No other form of renewal application will be accepted.