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)*

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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
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  

SMOKE DETECTOR  Δ

WINDOW  

FIRE EXTINGUISHER  X
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

This document may be duplicated. May 2019