RESOLUTION 2018-158                         PASSED: DECEMBER 18, 2018

APPROVING A BODY ART ESTABLISHMENT LICENSE FOR MINDFUL
TATTOO, LOCATED AT 625 E. LINCOLN HIGHWAY, DEKALB,
ILLINOIS.

WHEREAS, the City Council of the City of DeKalb has previously adopted Chapter 67 of
the City Code, which Chapter relates to the licensure of Body Art Establishments located
within the corporate limits of the City; and

WHEREAS, the City has been requested to approve of a body art license for the facility to
be known as Mindful Tattoo, proposed to be located at 625 E. Lincoln Highway, DeKalb,
Illinois; and

WHEREAS, the City Council of the City of DeKalb hereby finds that the licensure of the
establishment is necessary and desirable, and that the applicant is fit, willing, able and
qualified to perform such body art services and to conform to the provisions of City Code;
and

WHEREAS, in making those findings, the City Council has considered the following
factors:

1. The number of body art establishments already in operation;

2. Whether existing body art establishments are adequate to meet the public need;

3. The proximity of body art establishments to the proposed location;

4. The probable effect of the body art establishment on neighboring businesses;

5. The compliance of the proposed premises with City codes and ordinances and State
   law and regulations; and,

6. The character, experience and responsibility of the applicant;

WHEREAS, the City Council finds that issuance of the license contemplated above is
appropriate, subject to the imposition of the restrictions outlined below;

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF
DEKALB, ILLINOIS:

SECTION 1: A Body Art Establishment License for Mindful Tattoo, 625 E. Lincoln
Highway, DeKalb, Illinois, for the ownership described in the attached Exhibit A, Body Art
Establishment License Application, is hereby approved subject to the following conditions
and restrictions:
1. All signage shall strictly conform to the City of DeKalb Unified Development Ordinance.

2. The licensee shall not utilize any form of temporary signage to advertise body art services, nor to advertise sales, promotional activities or other similar endeavors.

3. The licensee shall not display photographs, pictures or depictions of body art modifications in the establishment in an area where visible from the public right of way.

4. The licensee shall not provide body art services in a fashion visible from the public right of way.

5. The license shall be subject to the imposition of further and future restrictions as the City Council may determine to be appropriate from time to time.

6. Licensee shall be required to complete all applicable inspections and obtain all other licensure as shall be required to lawfully maintain the facility and must satisfactorily pass inspection prior to commencing operations.

7. Licensee shall comply with all applicable City Code requirements, and all superior governmental mandates.

SECTION 2: That the City Clerk of the City of DeKalb, Illinois be authorized and directed to attest the Mayor's Signature and shall be effective thereupon. The City shall issue a license, inclusive of the restrictions outlined above, upon payment of the appropriate licensure fee. Said license shall subsequently be eligible for renewal, subject to the provisions of Chapter 67 of the City Code and the reservation of the City Council to impose additional restrictions at a future date.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Special meeting thereof held on the 18th day of December 2018 and approved by me as Mayor on the same day. Passed by a 7-0 roll call vote. Aye: Jacobson, Finucane, Fagan, Noreiko, Verbic, Fairv, Smith. Nay: None.

ATTEST:

LYNN A. FAZEKAS, City Clerk
JERRY SMITH, Mayor
Body Art Establishment License Application
For complete information please refer to Municipal Code Chapter 67

PART I: BUSINESS APPLICANT INFORMATION

Type of Applicant: Individual ☑ Partnership □ Corporation □ LLC □

1. NAME of Individual, Partnership, Corporation or LLC: Barbara J. Duncan

ADDRESS: ____________________________________________________________

STATE: ______________________ CITY: Dekalb

TELEPHONE: __________________________ DATE OF FORMATION OR INCORPORATION: __________________________

BUSINESS E-MAIL ADDRESS AND CELLULAR TELEPHONE: __________________________

2. NAME OF BUSINESS PREMISES: Mindful Tattoo

ADDRESS: 625 E Lincoln Hwy CITY: Dekalb

STATE: IL ZIP CODE: 60115

TELEPHONE: 815 517 1371

3. ILLINOIS BUSINESS TAX NUMBER (IBT OR SALES TAX NO.): N/A

4. Describe the proposed business operation and types of services to be provided:

Tattooing

5. For Corporations or Limited Liability Companies:

NAME of Registered Agent for the Business: __________________________________

ADDRESS: __________________________________ PHONE: _____________________

6. ☐ YES ☐ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?

7. ☐ 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?

8. ☐ 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.)

FOR CITY USE ONLY

Application Fee Paid: ☒ License Fee Paid: ____________

Date Received: __________________ Date Received: ____________

Cash: ☐ Check #: ____________ Cash: ☐ Check #: ____________

Page 1 of 6
SECTION 1: OWNERSHIP INFORMATION

ALL OWNERS, PARTNERS, OFFICERS, DIRECTORS, SHAREHOLDERS AND MEMBERS WHO HOLD EQUAL TO OR GREATER THAN 5% INTEREST MUST COMPLETE THIS SECTION AND PART II, PERSONAL INFORMATION, OF THIS APPLICATION.

INDIVIDUAL OR SOLE PROPRIETORSHIP: Owner must complete this section, Section 2 and Part II Personal Information.

PARTNERSHIP: All general partners, limited partners and managing partners with an interest equal to or greater than 5% must complete this section and Part II Personal Information.

CORPORATION: All officers, directors and shareholders with stock equal to or greater than 5% must complete this section and Part II Personal Information. Attach a copy of Certificate of Good Standing from the Secretary of State’s Office: www.cyberdriveillinois.com/departments/business_services/corp.html or (217) 782-6875.

LIMITED LIABILITY COMPANY: Each member or partner must complete this section and Part II, Personal Information. Attach a copy of Certificate of Good Standing from the Secretary of State’s Office available at: www.cyberdriveillinois.com/departments/business_services/corp.html or (217) 782-6875.

(Make additional copies of this page if needed.)

NAME: Barbara Duncan

HOME ADDRESS

TELEPHONE

TITLE/POSITION: Owner

DOB

SEX: M

% OWNED: 100

NAME

HOME ADDRESS

TELEPHONE

TITLE/POSITION

DOB

SEX

% OWNED

NAME

HOME ADDRESS

TELEPHONE

TITLE/POSITION

DOB

SEX

% OWNED

NAME

HOME ADDRESS

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TITLE/POSITION

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SEX

% OWNED

NAME

HOME ADDRESS

TELEPHONE

TITLE/POSITION

DOB

SEX

% OWNED

Page 2 of 6
SECTION 2: MISCELLANEOUS BUSINESS INFORMATION

All applicants complete this section.

If the premises are planned, under construction or undergoing substantial alteration, this application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Building and Code Enforcement Division of Public Works, no additional plans need to be filed.

9. PROPERTY INFORMATION: Subsequent to the submission of a completed application, the applicant’s premises shall be inspected by the City to determine its compliance with applicable property maintenance, zoning and building codes.

1. 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.

2. If you lease, provide landlord information and documentation evidencing a lease of the premises.

   Landlord’s Name: Thomas Bales
   Phone: 630-215-7018
   Address: Po Box 1996 City: Elburn State: IL Zip Code: 60119

10. BODY ARTISTS’ INFORMATION – (Please print or type)

If additional space is needed, please make copies of this page or request more from the City Manager’s Office.

   NAME: Barbara Duncan
   PHONE:
   RESIDENTIAL ADDRESS:
   CITY:
   STATE: ZIP CODE:

   NAME: Justin Duncan
   PHONE:
   RESIDENTIAL ADDRESS:
   CITY:
   STATE: ZIP CODE:

   NAME: Randi Maupore
   PHONE:
   RESIDENTIAL ADDRESS:
   CITY:
   STATE: ZIP CODE:

   NAME:
   PHONE:
   RESIDENTIAL ADDRESS:
   CITY:
   STATE: ZIP CODE:

11. 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: City of Dekalb
   Date of application: July 2016
   July 2017

   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: City of Dekalb
   Date Issued: July 2016 Date Expired: Dec 31, 2018

☐ YES ☐ NO Have you had any previous Body Art Establishment License and/or Tattoo License revoked?
12. THE FOLLOWING DOCUMENTS SHALL ACCOMPANY THIS APPLICATION:

1) A scale (1:20) site plan showing the interior of the premises in which the body art services will take place and 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 for the Body Art Establishment premises must be supplied prior to issuance of a Body Art Establishment license;
3) Certificate of public liability insurance, in a minimum amount of $100,000 per incident and occurrence, which policy shall contain a provision requiring 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; and
5) 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.

13. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. 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 or electronic signatures are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: I UNDERSTAND THAT 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 AND THAT THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE CITY OF DEKALB TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT AND EACH INDIVIDUAL WITH AN OWNERSHIP INTEREST THAT COMPLETED SECTION TWO IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND 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 TATTOO ORDINANCE – CHAPTER 67, CITY OF DEKALB'S ORDINANCES, RULES AND REGULATIONS, AND THE CIVIL RIGHTS THEREOF.

FURTHER, I AGREE TO NOTIFY THE CITY CLERK WITHIN 14 DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

[Signature]
SIGNATURE OF APPLICANT/AUTHORIZED AGENT

[Title/Position]
TITLE/POSITION

[Date]
DATE

(print name)

[Signature]
SIGNATURE OF APPLICANT/AUTHORIZED AGENT

[Title/Position]
TITLE/POSITION

[Date]
DATE

(print name)

Subscribed and sworn before me this ___ day of ____________, 20__

______________________________
Notary Public

(CITY PERSONNEL WILL NOT NOTARIZE APPLICATION)
Date Received by IDPH:  

Illinois Department of Public Health  
Division of Food, Drugs, and Dairies  
525 West Jefferson St.  
Springfield, IL 62761  
Phone 217-785-2439 Fax 217-782-0943  
TTY (hearing impaired): 800-547-0666  
Email  
dph.bodyart@illinois.gov  
or  
dph.tan@illinois.gov

Purpose of Application (check one):  
- New  
- Change of Ownership  
- Change of Location Effective:  
  List any previous address here:  

If I am applying for the following registration/permit (check one), I understand the fees are due with application submittal:  

<table>
<thead>
<tr>
<th>Check Here</th>
<th>Registration or Permit Type</th>
<th>You Must Complete Section(s)</th>
<th>Fee</th>
</tr>
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<tbody>
<tr>
<td>☑ Body Art: Permanent Business</td>
<td>1 &amp; 2</td>
<td>Base $500, See note</td>
<td>$500</td>
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<tr>
<td>☑ Body Art: Mobile Business</td>
<td>1 &amp; 2</td>
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<tr>
<td>☑ Body Art: Temporary Event</td>
<td>3</td>
<td>Flat $250</td>
<td>$250</td>
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<tr>
<td>☑ Tanning Facility</td>
<td>1 &amp; 2</td>
<td>Flat $250</td>
<td>$250</td>
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IMPORTANT: The registration or permit fee is due at time of application submission. This is a non-refundable fee. Checks or money orders should be made out to the Illinois Department of Public Health. The application and review process from when I receive the application to when you should have the Inspector contact you is approximately 8 to 10 weeks. This is dependent upon the number of applications received for review, the completeness of your application, and the schedule of the Inspector responsible for your area.

*The Body Art Permanent and Mobile Business registration fee is $500. This fee includes one workstation. If you have more than one workstation, an additional $50 per workstation is required. For example, if you have a total of 3 workstations, your fee will be $600 ($500 + 2 x $50 = $600). To calculate your Body Art fee: $500 + ($Total number of workstations after the first one x $50) = Fee Due.

Mail this completed application and fee to: Illinois Department of Public Health  
Division of Food, Drugs, and Dairies  
525 West Jefferson Street (Floor 2)  
Springfield, IL 62761

SECTION I  
*Denotes Mandatory Information*

Legal Name of Business* 
- Mindful Tattoo  
- Mindful Tattoo  

Doing Business As (if applicable)*  
-  

Physical/Facility Address*  
- 625 East Lincoln Hwy  
- Dekalb  
- IL  
- 60150  

City*  
- Dekalb  
- State*  
- IL  
- Zip Code (+ 3 if known)*  
- 60150

Business Phone No. (Include Area Code)*  
- 815-517-1371  
- Emergency/Cell Phone No.*  
- 815-517-1371

Facility Email Address (please print clearly)*  
- mindfultattoo.com  

Web Address  

Days and Hours of Operation*  
- Tues-Sat 12pm to 8pm

Start Date: Dec 1st 2018

1 Page
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<td>Owner or Operator First and Last Name</td>
<td>Barbara Duncan</td>
</tr>
<tr>
<td>Owner or Operator Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>State</td>
<td>[Redacted]</td>
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<tr>
<td>Zip Code (if known)</td>
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<tr>
<td>Owner Email Address</td>
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<tr>
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<tr>
<td>List Name</td>
<td>Barbara J. Duncan</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>P.O. Box 741</td>
</tr>
<tr>
<td>City</td>
<td>Kirkland</td>
</tr>
<tr>
<td>State</td>
<td>IL</td>
</tr>
<tr>
<td>Zip Code (if known)</td>
<td>60146</td>
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<tr>
<td>Certification Statement</td>
<td>I affirm that I am the owner, partner or officer of the firm, as shown on page one, that I am authorized on the part of said applicant to verify and file with the Illinois Department of Public Health this application, and that I have a full and complete knowledge of the matters set forth herein and that all statements are true in substance and fact.</td>
</tr>
<tr>
<td>Print Name</td>
<td>Barbara J. Duncan</td>
</tr>
<tr>
<td>Signature</td>
<td>Barbara J. Duncan</td>
</tr>
<tr>
<td>Title</td>
<td>Owner</td>
</tr>
<tr>
<td>Date</td>
<td>10.20.18</td>
</tr>
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</table>
SECTION 2 Body Art Establishment

List Equipment used for tattoo and/or body piercing services such as sterilizers, tattoo machines, cleaning systems, etc. Do not include disposable supplies.

<table>
<thead>
<tr>
<th>Type</th>
<th>Year of manufacture/available</th>
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<tbody>
<tr>
<td>Tattoo machines - Seth Efferci</td>
<td>2015</td>
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<tr>
<td>Eternal Ink</td>
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<tr>
<td>Syran Wrap</td>
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<tr>
<td>Arm unrest</td>
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</tbody>
</table>

List Number of Work Stations located in Business: 3

If mobile, list home base address of establishment:

IMPORTANT ADDITIONAL REQUIREMENTS for BODY ART ESTABLISHMENTS:
Along with this application, you MUST attach the four documents described below. See Appendix A for detailed requirements/instructions.

- Operational Procedures
- Establishment Floor Plan
- Aftercare Instructions
- Parental Consent Form (Applicable to piercing services only)

Page 3
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEUTRALY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDED INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Allen Financial Insurance Group
The Equine Group
12242 N. 32nd St., Suite 101
Phoenix, AZ 85032

INSURER(S) AFFORDING COVERAGE
INSURER A: Capitol Specialty Insurance Corp
NAIC #: 10228

INSURED
Barbara Duncan, DBA: Mindful Tattoo
625 E Lincoln Hwy

DeKalb, IL 60115

COVERAGES

<table>
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<tr>
<th>TYPE OF INSURANCE</th>
<th>INSURER</th>
<th>POLICY NUMBER</th>
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<td>Y</td>
<td>PRO2925285</td>
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<td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED?</td>
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<td>Y/N</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of DeKalb is hereby added as Additional Insured State or Governmental Agency of Subdivision or Political Subdivision Permits or Authorizations but only in respect to the liability that arises out of the named Insured's activities or operations for location: 625 E Lincoln Hwy DeKalb IL 60115-3807

CERTIFICATE HOLDER
City of DeKalb
200 S 4th St
DeKalb, IL 60115-3733

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD
DRIVERS LICENSE NUMBER: [Redacted] STATE: [Redacted]
SOCIAL SECURITY NUMBER: [Redacted]

1. □ YES ☑ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
2. □ 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?
3. □ 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.)

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.

Date: 11.10.18

[Signature of Applicant]

STATE OF ILLINOIS )
COUNTY OF DEKALB )

[Redacted]

Subscribed and sworn to before me this _______ day of ____________, 20__

Notary Public
(CITY PERSONNEL WILL NOT NOTARIZE APPLICATION)
Tattoo aftercare instructions

Keep bandage on until tattoo is to be thoroughly cleaned
Keep tattoo clean with mild soap
Wash twice a day or whenever dirty and pat dry
When tattoo starts to dry out and close switch to a mild hand lotion
Lotion twice a day or whenever overly dry Repeat for two weeks or until tattoo is smooth again

Tattoos will need sunblock whenever exposed to sunlight for the life of the tattoo to prevent fading
Tattoos should never be touched with unwashed hands until skin is smooth again
Always wash tattoo first before applying any lotions

Your tattoo will flake off the top layer of skin during the healing process
Do not pick or scratch at flaking skin
Do not soak in water during the healing process
First and foremost always take the healing advice of your artist
They understand best the individual needs of your specific style of tattoo
If you have any questions or concerns please call your artist at
Certificate Of Completion

This Certifies That

Justin Duncan

has demonstrated competence of the appropriate cognitive skills associated with Blood Borne Pathogen Training. You are hereby certified as having completed Blood Borne Pathogen Training.

9/6/2018
CERTIFICATION DATE

9/6/2019
EXPIRATION DATE
Certificate Of Completion

This Certifies That

Randi Maynard

has demonstrated competence of the appropriate cognitive skills associated with Blood Borne Pathogen Training. You are hereby certified as having completed Blood Borne Pathogen Training.

9/4/2018
CERTIFICATION DATE

9/4/2019
EXPIRATION DATE
Certificate Of Completion

This Certifies That

BARBARA DUNCAN

has demonstrated competence of the appropriate cognitive skills associated with Blood Borne Pathogen Training. You are hereby certified as having completed Blood Borne Pathogen Training.

9/19/2018
CERTIFICATION DATE

9/19/2019
EXPIRATION DATE
CITY OF DEKALB LEGAL DEPT.
ATTN: CARRI PARKER
200 S FOURTH ST
DEKALB IL 60115

Shaw Media certifies that it is the publisher of the Daily Chronicle. The
Daily Chronicle is a secular newspaper, has been continuously published
daily for more than fifty (50) weeks prior to the first publication of the
attached notice, is published in the City of DeKalb, County of
DeKalb, State of Illinois, is of general circulation throughout
that county and surrounding area, and is a newspaper as defined by 715 ILCS 5/5.

A notice, a true copy of which is attached, was published 1
time(s) in the Daily Chronicle, namely one time per week for one
successive week(s). Publication of the notice was made in the newspaper,
dated and published on
11/29/2018

This notice was also placed on a statewide public notice website as required
by 5 ILCS 5/2.1.
In witness, Shaw Media has signed this certificate by Laura Shaw, its
publisher, at DeKalb, Illinois, on
29th day of November, A.D. 2018

Shaw Media By: Laura Shaw, Publisher

Account Number 40609 Amount $55.18