



# APPLICATION FOR Body Art Facility

**Applying For:**  
 New Facility \$100.00  
\*Fee is Non-Refundable

### Facility Info:

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

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

Facility Phone #: \_\_\_\_\_

Facility Fax #: \_\_\_\_\_

Website: \_\_\_\_\_

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

Number of Work Stations: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Landlord Name / Phone #: \_\_\_\_\_

### Owner Info:

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

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

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

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

List All Additional Business Owner's Names, Addresses, Phone Numbers:

\_\_\_\_\_

### Description of Body Art Procedures Performed:


List of Artists / Apprentices: (Owner is required to notify the City within 10 days after any employee is terminated or hired)


**Sterilization of Tools:**    \_\_\_ Using Only Disposable    \_\_\_ Autoclaves - How Many? \_\_\_

Has any prior body art license ever been revoked? Yes / No    If yes, explain when/why action was taken:

<b>Hours of Operation:</b>	
Monday:	_____
Tuesday:	_____
Wednesday:	_____
Thursday:	_____
Friday:	_____
Saturday:	_____
Sunday:	_____

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Have you ever been convicted of a Felony or charged with a crime? Yes / No If yes, explain where, charges and sentence: \_\_\_\_\_

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**Must Submit the Following With Application:**

- Proof State Registration Application was Submitted (Facility will not be opened until State sends request for inspection)
- Operation Procedures for Emergencies -- as required by Section 300 (c) of the IL Body Art Code
- Aftercare Instructions provided to clients (same as state application)
- Manuals for Autoclave is applicable – note current and passing spore tests will be required prior to opening

**\*This form complies with information required in Section 797.300 (b) of the Illinois Body Art Code and the City's Tattoo Ordinance**

I hereby verify that the information on this application is true and accurate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return Completed Application To:** 915 – 16<sup>th</sup> Avenue, East Moline, IL – Phone # 752-1538

**Office Use:**

Application Received: \_\_\_\_\_

Application Approved By:  Police  Health  Building  Plumbing  Fire

Licensed Issued On: \_\_\_\_\_ License Expires Annually On: \_\_\_\_\_