



# APPLICATION FOR Body Art Technician

### Applying For:

- New License \$50.00
- Renewal License \$50.00

**\*Fee is Non-Refundable**

### Artist Info:

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

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

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

Social Security #: \_\_\_\_\_

Gender: \_\_\_\_\_ M or F \_\_\_\_\_

### Employer Information:

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

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

Phone Number: \_\_\_\_\_

Exact Job Duties: \_\_\_\_\_

### Contact Info:

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

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

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

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

### Current Photo

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### Previous Employment Info:

List all previous places of employment as a technician


### Training/ Certifications:

List Any Training and/or Certifications Artist May Have in body art procedures – attach proof and additional info


Has any prior body art License ever been revoked?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

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Have you ever been convicted of a Felony? Yes / No If yes, explain where, charges and sentence:

List last 2 previous addresses (include city, state, zip and dates resided there):

List the 3 years previous business, occupation or employment immediately preceding the date of this application:

**Must Submit the Following With Application:**

- Current Blood Borne Pathogen Certificate Expires: \_\_\_\_\_
- Current Health Screen Report Date: \_\_\_\_\_  
(Proof of HEP B Vaccinations, TB Test, etc)

**\*This form complies with information required in Section 797.300 (a) 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 Department  Health Department

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