

TATTOO AND BODYPIERCING ESTABLISHMENT LICENSE

FEE: \$100.00

Date ____ / ____ / ____

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INSURANCE REQUIRED : \$1,000,000

New Business _____ Renewal _____ **New Business Applicants Require a Photo ID**

Business Name _____ IN Tax ID _____

Address _____ Phone # () - _____

City _____ State _____ Zip _____ Fax # () - _____

Applicant's Name _____ Phone # () - _____

Address _____ Date of Birth ____ / ____ / ____

City _____ State _____ Zip _____ Social Security # - - _____

Sole Owner _____ Partnership _____ Corporation _____

List Officers, Associates and Partners

1 _____ Date of Birth ____ / ____ / ____ Social Security # - - _____

Address _____ City _____ State _____ Position _____

2 _____ Date of Birth ____ / ____ / ____ Social Security # - - _____

Address _____ City _____ State _____ Position _____

Property Owner _____ Phone # () - _____

Address _____ City _____ State _____

Days Open _____ Business Hours _____

Employees - Full Name, Address and Phone Number of all employees. (attach separate sheet if necessary)

Qualifications (Attach separate sheet)

Written documentation indicating that the applicant has successfully completed the training program required under the requirements of the Indiana Occupational Safety and Health Administration's blood borne pathogen standard.

If Amusement Devices, Video Games, etc, in Use, an Amusement License is Required.

**LICENSES EXPIRE DECEMBER 31ST. APPLICATION FEES ARE NONREFUNDABLE.
RENEWAL APPLICATIONS RECEIVED AFTER JANUARY 31 WILL BE CHARGED TRIPLE THE FEE.
LATE FEES WILL NOT BE WAIVED FOR ANY REASON.**

I hereby testify that I am familiar with the ordinances of the City of Hammond, Indiana, governing the operation of the above mentioned business, and I hereby further swear that I will not myself do, or authorize or permit any act to be done in violation of the laws of the United States of America, the State of Indiana, or the ordinances of the City of Hammond, Indiana in or about my place of operation. All the answers made by me to the foregoing questions are true and are made for the sole purpose of obtaining a license from the City of Hammond to operate a lawful business.

LIABILITY
This business license is issued upon the representations made at the time of application. All Business License applicants, by submitting this application, agree to abide and be bound by all Federal, State, and Local regulations applicable, and violation of same is grounds for termination of this license. Nothing in the granting or issuance of this license creates liability on behalf of the City of Hammond, its agents or assigns and license holder assumes all liability and responsibility for the licensed premises.

Applicant's Signature _____ Date _____

Approved by: _____

Zoning Dept _____ Police Dept _____

Building Dept _____ Board of Works _____

Fire Inspector _____

**CITY OF HAMMOND, INDIANA APPLICATION For
TATTOO AND BODYPIERCING ESTABLISHMENT LICENSE**

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Employment History

Business Name _____ Phone # _____

Business Address _____ City _____

State _____ Zip _____ Dates of Employment: From _____ To _____

Reason for Leaving _____

Business Name _____ Phone # _____

Business Address _____ City _____

State _____ Zip _____ Dates of Employment: From _____ To _____

Reason for Leaving _____

Business Name _____ Phone # _____

Business Address _____ City _____

State _____ Zip _____ Dates of Employment: From _____ To _____

Reason for Leaving _____

Have you ever been convicted of any criminal acts? Yes _____ No _____

If yes, please provide name of court, date of conviction and the nature of offense.

The following documentation must be attached to the application:
(Failure to attach will result in denial of the application as incomplete.)

- Birth Certificate
- Proof of completion of required schooling or testing pursuant to ordinance
- Proof of accreditation of school
- Blood test results for testing for HIV, Hepatitis and Tuberculosis