

# Body Modification / Tattoo Establishment License Application Village of Gurnee

New Application

Renewal

Change Original

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## Application Information

(An application must be completed for each of the following: owner, manager, any partner or limited partner of a partnership application and any officer, director or stockholder of greater than 10% of a corporate applicant or corporate partner of a partnership).

Applicant's Name: (including any alias)

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Last Name	First Name	M.I.
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**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be 18 years old or older)

**Phone Numbers:**

Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Position/Business Relationship: \_\_\_\_\_

Applicant's Home Address:

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Street	City	State	Zip Code
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If you have lived at this location for less than 3 years, please list your homes address (es) for the previous 3 years:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Employment history for the past 4 years:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Have you ever been convicted of any criminal offense, including Village ordinance violations, state and/or federal violations? (If so, please explain)  Yes  No

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## Business Information

Business Name: \_\_\_\_\_

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

Business Phone No.: (\_\_\_\_) \_\_\_\_\_

Description of building where body modification / tattoo business is to be conducted:

\_\_\_\_\_

Does the Business have a Certificate of Occupancy (CO)?  Yes  No

If not, has a Certificate of Occupancy been applied for?  Yes  No

Does the Business have a Business License?  Yes  No

If not, has a Business License been applied for?  Yes  No

Please include with this application the following items:

Copy of Driver's License/State ID

License Fee (\$1,000)

Provide the following information on any other tattoo or body modification business license or permit the applicant has held:

Business Name: \_\_\_\_\_

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

Date Business was/is active: \_\_\_\_\_

Have you ever had any city or state license associated with a body modification/tattoo or similar business revoked or suspended? (If yes, please explain)

Yes  No

\_\_\_\_\_

The signatory below certifies that to the best of his/her knowledge all the foregoing information is true and correct as provided.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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