



TATTOO AND BODY PIERCING
APPLICATION FOR A LICENSE
CITY CODE CHAPTER 117

Application:
New _____
Renewal _____
\$ _____
License Fee Paid
Approved/Denied _____

Applicant Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Date of Birth _____
 _____ Individual _____ Partnership _____ Corporation _____ Other

Manager Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Date of Birth _____

If partnership, corporation or limited liability company list names, addresses, telephone numbers and dates of birth of each individual

Attach building plan of premise detailing all internal operations and activities. Show provisions made to restrict access to minors.

Address and legal description of business _____
 Hours of operation _____
 Have all real estate and personal property taxes been paid _____ Yes _____ No
 If no, years and amounts unpaid _____

List activities and type of business to be conducted _____

Have you or the manager ever been convicted of any felony or crime relating to tattooing and/or body piercing or the operation of a tattoo and/or body piercing establishment _____ Yes _____ No
 If yes, provide date, place and offense for which conviction(s) were had _____

Has applicant or manager previously applied for or held a license by any other government unit to run a similar business _____ Yes _____ No
 If yes, provide date, place and length of time _____
 If yes, was the license denied, suspended or revoked _____ Yes _____ No
 If yes, list dates, place, reasons for denial, suspension or revocation and length of time _____

List three character references (must be residents of Stearns County)

Any falsification of answers given or material submitted or omitted will result in denial of this application.

Changes in the information provided on the application or provided during the investigation must be brought to the attention of the City by the applicant or licensee. If such a change takes place during the investigation, it must be reported to the City Clerk in writing. A failure by an applicant or licensee to report such a change may result in a denial or revocation of a license.

I, being duly sworn, depose and state that the several answers and statements on this by me made are true and correct to the best of my knowledge.

Subscribed and sworn to before me on

This ____ day of _____, 20 ____

Notary Public

Signature



**TATTOO AND BODY PIERCING
PERSONAL SERVICE LICENSE APPLICATION
CITY CODE CHAPTER 117**

Application:
New _____
Renewal _____
\$ _____
License Fee Paid

Approved/Denied

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Date of Birth _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number(s) _____

Have you had training or experience in performing tattooing, body piercing, body branding or body scarification
 Yes No

Have you previously applied for or held a license by any other government unit to run a similar business
 Yes No

If yes, provide date, place and length of time _____

If yes, was the license denied, suspended or revoked Yes No

If yes, list dates, place, reasons for denial, suspension or revocation and length of time _____

Have you ever been convicted of any felony or crime relating to tattooing and/or body piercing or the operation of a tattoo and/or body piercing establishment Yes No

If yes, provide date, place and offense for which conviction(s) were had _____

Any falsification of answers given or material submitted or omitted will result in denial of this application.

Changes in the information provided on the application or provided during the investigation must be brought to the attention of the City by the applicant or licensee. If such a change takes place during the investigation, it must be reported to the City Clerk in writing. A failure by an applicant or licensee to report such a change may result in a denial or revocation of a license.

I, being duly sworn, depose and state that the several answers and statements on this by me made are true and correct to the best of my knowledge.

Subscribed and sworn to before me on

This _____ day of _____, 20____

Notary Public

Signature

2007

Form SP:C1

**STATE OF MINNESOTA
LICENSE APPLICANT INFORMATION**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Name of license being applied for and license number

City of Melrose

Licensing Authority (name of city, county, or state agency issuing license)

Annual

License renewal date

PERSONAL INFORMATION:

Applicant's last name

First name and middle initial

Social Security number

Applicant's address

City

State

Zip Code

BUSINESS INFORMATION (if applicable):

Business name

Business address

City

State

Zip Code

Minnesota tax identification number

Federal tax identification number

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature

Title

Date

City of Melrose
225 East First Street North
PO Box 216
Melrose MN 56352-0216

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, Section 176.182, requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required is: the name of the insurance company, the policy number and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or is falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Provide the information specified above in the spaces provided or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name:

(NOT the insurance agent)

Policy Number:

Dates of Coverage: _____ to
(or)

I am not required to have workers' compensation liability coverage because:

_____ I have no employees

_____ I am self-insured (include permit to self-insure)

_____ I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name:

Doing Business As:

Business Address:

City, State, Zip: Melrose MN 56352

Phone: (320) 256-

Signature: _____

Date: _____

BACKGROUND CHECK

PERSONAL INFORMATION

Full Name: _____
(Last) (First) (Maiden) (Middle)

Permanent Address: _____
(Street) (City) (State) (Zip)

Telephone Number of Permanent Residence: _____

Date of Birth: _____ US Citizen ____ Yes ____ No

Place of Birth: _____

Provide the addresses where you have lived during the preceding ten (10) years.

FINANCIAL INFORMATION

Have you operated any other business in the past ten (10) years? ____ Yes ____ No
If yes, please list the name of the business(s) and address.

List the names and addresses of two (2) financial institutions where you have or are now conducting business.

REFERENCES

List names and addresses of three (3) persons, not related to you, who have known you for at least three (3) years.

Have you ever been convicted of a violation of a state law or local ordinance, other than a non-alcohol related traffic offense? ____ Yes ____ No

If yes, provide the following information regarding the offense(s).

Date of arrest: _____ Where: _____

Charge: _____

Conviction: _____ Sentence: _____

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

Name/Address

As an applicant for _____
I am required to furnish information which _____
may use in determining my moral, physical, mental and financial qualifications, as well
as my background and any possible criminal record. In this connection, I hereby
expressly authorize the release of any and all information which you may have
concerning me, including information of a confidential or privileged nature.

I hereby release the City of Melrose, and any organization or person furnishing
information to the City of Melrose, as authorized above, from any liability for damage
which may result from furnishing the information requested.

Date: _____

Applicant Signature

DBA

Printed Name

Address

Date of Birth