



25 East State Street, North Aurora, IL 60542  
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**VILLAGE OF NORTH AURORA  
TATTOO / BODY PIERCING ESTABLISHMENT  
LICENSE APPLICATION**

**Application Date:** \_\_\_\_\_

**Application Fee - \$250.00**

The undersigned applicant hereby applies for a Tattoo License to maintain and operate a tattoo or body piercing establishment in the Village of North Aurora pursuant to the provisions of Title 5, Chapter 5.36 "Tattoo and Body Piercing Establishments" of the North Aurora Municipal Code. For the purpose of securing said license, this application is made under oath and the facts set forth herein are true and correct:

Please check one:  New Business  New Owner/Existing Business  Annual Renewal

Type of Ownership:  Owner  Owner/Operator  Corporation  LLC  Partnership

Applicant is:  Business Owner  Business Manager  Officer/Director of Corp. or LLC

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

Business Address: \_\_\_\_\_  
Street address City State Zip

Mailing Address (if different from above): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long has the business been in operation? \_\_\_\_\_ No. of Employees \_\_\_\_\_

**APPLICANT INFORMATION:**

Applicant Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State or Place of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**Previous Residence(s) for the last three years (if different from current address)**

Address: \_\_\_\_\_  
Street address City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you a United States Citizen? Yes  No

If Naturalized, place of naturalization: \_\_\_\_\_ Date: \_\_\_\_\_

Nearest Non-residing Relative: \_\_\_\_\_

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

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

**If Application is for a Corporation please complete the following:**

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

If foreign Corporation, date qualified under Illinois Business Corporation Act to transact business in Illinois:  
\_\_\_\_\_

Articles of Incorporation, a Certificate of Good Standing and a list of all current officers and directors, including names and addresses, must be included with this application.

Articles of Incorporation are attached:  Certificate of Good Standing is attached:

List of officers and directors is attached:

**If Application is for a Limited Liability Company, please complete the following:**

Date of Formation: \_\_\_\_\_ State of Formation: \_\_\_\_\_

If foreign company, date registered to transact business in Illinois: \_\_\_\_\_

Articles of Incorporation, a Certificate of Good Standing and a list of all current officers and directors, including names and addresses, must be included with this application.

Articles of Incorporation:  Certificate of Good Standing:  List of officers and directors:

**If Application is for a partnership, Corporation or LLC, the following information must be provided for all partners in the partnership or all persons having a five (5%) percent or more ownership or interest, in the Corporation or LLC.**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Position: \_\_\_\_\_ Percentage of Ownership/Interest: \_\_\_\_\_  
(owner, officer, director)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Are you a Citizen of the United States: Yes  No

If naturalized, place of Naturalization: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Previous Home Address (if less than 3 years): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_  
(Last) (First) (Middle)

Position: \_\_\_\_\_ Percentage of Ownership/Interest: \_\_\_\_\_  
(owner, officer, director)

Date of Birth: \_\_\_\_\_ Proof of age (over 21 years old): \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Are you a Citizen of the United States: Yes  No

If naturalized, place of Naturalization: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Previous Home Address (if less than 3 years): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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(If additional pages are required for additional partners, please make copies of this page and attach to application)

**APPLICANT EMPLOYMENT HISTORY**

List all jobs held for the last three years preceding date of this application, including periods of unemployment. List most recent job first, and include any military service in the proper time sequence. Attach additional sheets if necessary.

From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Summarize nature of job: \_\_\_\_\_

Salary per month: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Summarize nature of job: \_\_\_\_\_

Salary per month: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Summarize nature of job: \_\_\_\_\_

Salary per month: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**REFERENCES:** Fill in the names and information for three adults not related to you and not former employers, who have known you for a period of 5 years or more. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

**PREVIOUS TATTOO / BODY PIERCING LICENSES**

Has the Applicant or any shareholder, officer, director, member or manager listed on this application ever been licensed under the North Aurora Tattoo/Body Piercing Ordinance?  Yes  No

If yes, give name licensed and dates of license: \_\_\_\_\_

Has the Applicant or any shareholder, officer, director, member or manager listed on this application ever been licensed by another licensing authority?  Yes  No

If yes, give name licensed, dates of license and name of licensing authority:

\_\_\_\_\_  
\_\_\_\_\_

Has any previous Tattoo/Body Piercing license issued to applicant or any shareholder, officer, director, member or manager listed on this application been suspended or revoked or been subjected to any form of disciplinary action including fines?  Yes  No

If yes, please explain (or attach a statement) providing the name of the licensing authority and details, including reason for suspension or revocation, disciplinary action and/or fines.

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**SECURITY DATA**

List any and all criminal convictions for applicant and all officers/directors (except minor traffic violations) and include any driving under the influence offenses. Use additional sheet if necessary

Date	Police Agency	Crime charged	Disposition of Case
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Have you ever been found guilty of a felony?  Yes  No If "yes" provide details:

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**PROOF OF INSURANCE**

Certificate of insurance must be provided, showing the business is licensed to do business in the state of Illinois and certifying the applicant has the following coverages in force:

Personal:

Bodily Injury \$200,000.00

Property Damage \$ 25,000.00

Or

Combined Single Limit \$225,000.00

Worker's Compensation:

Coverage A Statutory Amount

Coverage B \$100,000.00 each accident

Certificate of Insurance is attached

**SIGNATURE PAGE**

The undersigned hereby makes application for a Tattoo / Body Piercing Establishment License pursuant to the provisions of the North Aurora Village Code regulating the maintenance and operation of a Tattoo/Body Piercing Establishment in the Village of North Aurora, County of Kane, Illinois and all amendments thereto now in force and effect. The person(s) having executed this application being first duly sworn to oath, states the information set forth herein is true and correct to the best of his/her/their knowledge and belief.

The undersigned affirms that he/she/they are familiar with the laws of the United States and the State of Illinois relating to Tattoo and Body Piercing and agrees not to violate any of the laws of the United States or State of Illinois and that he/she/they have read, understand, and will obey the provisions of Title 5, Chapter 5.36 Tattoo / Body Piercing Establishments Ordinances of the Village of North Aurora in the conduct of the business described herein.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

If Corporation, Name of Corporation:  
\_\_\_\_\_

Corporate Seal:

Print Name and Title of President or Vice-President \_\_\_\_\_

Signature of President or Vice-President \_\_\_\_\_

Signature of Corporate Secretary \_\_\_\_\_

For LLC's at least two owners and/or officers must sign. All signatures must be notarized.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date Signed: \_\_\_\_\_

State of Illinois  
County of Kane

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

My Commission expires on: \_\_\_\_\_

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For Office Use: Current State of Illinois Tattoo / Body Piercing License - Copy attached

Fingerprints  Copy of Valid Driver's License  Certificate of Insurance attached

Application Fee Paid: \_\_\_\_\_