



25 East State Street, North Aurora, IL 60542  
P: 630.897.8228 F: 630.897.8258  
www.northaurora.org

**VILLAGE OF NORTH AURORA  
TATTOO / BODY PIERCING OPERATOR  
LICENSE APPLICATION**

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

**Application Fee - \$100.00**

The undersigned applicant hereby applies for a Tattoo License to engage in the practice of tattooing or body piercing in a tattoo / 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:

**APPLICANT INFORMATION:**

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

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

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

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

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Applicant has at least 6 months prior experience as an apprentice or operator: Yes  No

Location of Apprenticeship: \_\_\_\_\_

Name of North Aurora Establishment: \_\_\_\_\_

Are you a United States Citizen? Yes  No

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

Nearest non-residing Relative: \_\_\_\_\_

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

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

\*\*\*\*\*

**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 listed on this application ever been licensed under the North Aurora Tattoo/Body Piercing Ordinance?  Yes  No

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

Has the Applicant ever been licensed by another licensing authority?  Yes  No If yes, provide name licensed, dates of license and name of licensing authority:

\_\_\_\_\_

Has any previous license issued to applicant 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.

\_\_\_\_\_

**SECURITY DATA**

Have you ever been convicted of, pleaded nolo contendere to, or suffered a forfeiture on a bond charge of committing any crime except minor traffic violations:  Yes  No

If you answered yes, List any and all criminal convictions (except minor traffic violations). Use additional sheet if needed.

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE PAGE**

The undersigned hereby makes application for a Tattoo / Body Piercing Operator License pursuant to the provisions of the North Aurora Village Code regulating a Tattoo/Body Piercing Operator 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\_\_\_\_\_

State of Illinois

County of Kane

Subscribed and sworn to me

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

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

SEAL

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

\*\*\*\*\*

For Office Use:

Fingerprints  Copy of Valid Driver's License  Application Fee Paid: \_\_\_\_\_