



VILLAGE OF NORTH AURORA TATTOO / BODY PIERCING ESTABLISHMENT

LICENSE RENEWAL APPLICATION

Application Date:			Fee: \$250.00			
The undersigned applicant hereby application or body piercing establishment in Chapter 5.36 "Tattoo and Body Piercing purpose of securing said license, this aptrue and correct:	the Village of Establishme	North Aurora purs nts" of the North A	uant to the lurora Mun	provisior icipal Co	ns of Title 5, de. For the	
Type of Ownership: Owner Owner	ner/Operator	☐ Corporation		☐ Par	tnership	
Applicant is: Business Owner Business Owner	usiness Mana	ger Officer/Di	rector of Co	orp. or Ll	_C	
Business Name:						
Business Address: Street address Mailing Address (if different from above)			•	State	Zip	
Business Phone:	Bus	iness 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:						

The Applicant confirms that he/she complies with the North Aurora Village Code with regard to renewing a tattoo license in North Aurora:

Per Village Code, no tattoo or body piercing establishment license shall be issued a renewal license for:

- a. A person who is not of good character and reputation in the community in which the person resides.
- b. A person who has been convicted of a felony under any federal or state law, unless the administrator receives a certificate from the chief of police who, after an investigation, certifies that the applicant has been sufficiently rehabilitated to warrant the public trust.
- c. A person who is under twenty-one (21) years of age.
- d. A person who had a tattoo or body piercing license or similar business license revoked by another governmental body for cause.
- e. A person convicted of any offense involving sexual misconduct with children or of pandering, prostitution or solicitation.
- f. Any location that permits any use other than that of a tattoo or body piercing establishment or any location that falls to pass the annual inspection of the regional health department of the state of Illinois or fails to meet any of the standards set forth in the chapter.
- g. Any owner, proprietor, manager or other person in charge of any tattoo or body piercing establishment that employs any person who is not at least twenty-one (21) years of age.

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 Or	\$ 25,000.00				
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 submits this renewal 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 and any change in information has been provided with this renewal application.

The undersigned further 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 m	ne this day of	, 20	
Notary Public		SEAL	
My Commission expires on	:		
***************************************	***************************************	***************************************	*****
For Office Use:			
Current State of Illinoi	is Tattoo / Body Piercing License -	Copy attached	
Certificate of Insurance	ce - copy attached		