

City of Pierre
Application for Business License
Tattoo and/or Body Piercing Artist
Non-Transferable

The undersigned makes application under the provisions of Chapter 10 Article 21 of the City of Pierre Ordinances.

Application Type and Related Fees: License Fees must be remitted with Application <input type="checkbox"/> New \$50.00 <input type="checkbox"/> Renewal \$25.00
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Name of Applicant:

Current Home Address:

Please list the last two previous addresses, if any, during the past 3 years immediately prior to your current home address:

Previous Address:

Previous Address:

Phone Number:

Name of Establishment:

Address of Establishment:

Applicant's height: weight: eye color: hair color:

Has the applicant ever engaged in the practice of tattooing or body piercing (even if outside of Pierre, SD)? If yes, please list establishment and dates.

Establishment Name: Dates at Address:

Establishment Address:

Establishment Name: Dates at Address:

Establishment Address:

Has the applicant ever had any previous license to practice as a tattoo or body piercing artist suspended, revoked or denied? If yes, list the dates, places, and reasons for the suspension, revocation, or denial.

No Yes Business Name: Business Activity:

Business Address:

Date of Action: Reason for Action:

First time applicant's with the City of Pierre:

Attached is a copy of the applicant's Social Security card and Driver's License or any government issued identification containing a photograph showing the applicant is over the age of 18 years.

The undersigned applicant acknowledges the City of Pierre is under no obligation to refund the License Application Fees if the license is denied.

The undersigned applicant understands that misrepresentation or omission of facts called for in this application is cause for denial or cause for non-renewal of this application.

Dated this _____ day of _____, 20 _____

Signature Printed Name

Establishment Owner Approval:

As holder of the tattoo or body piercing establishment license listed on this application, I certify that the applicant will be operating as a tattoo artist or body piercing artist in my establishment.

Establishment Owner Signature Printed Name Date

This area is for official use only:

Pierre Police Department: Approved Denied

Police Officer Signature _____ Printed Name: _____

Date of Approval/Denial:

*****AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION***
TATTOO AND/OR BODY PIERCING ARTIST LICENSE APPLICATION
TATTOO AND/OR BODY PIERCING ESTABLISHMENT LICENSE APPLICATION**

ATTENTION - THIS STATEMENT MUST BE SIGNED

The intent of this authorization is to give my full and complete disclosure of any information called for in this application, whether said records are of a public, private or confidential nature. By signing this form, the applicant hereby acknowledges and authorizes the City of Pierre and/or it's designees or agents to conduct a full and complete background investigation and review of the information provided in this application so that a determination can be made whether to 1) approve or deny my application for a Tattoo and/or Body Piercing Artist License, and/or 2) approve or deny my application for a Tattoo and/or Body Piercing Establishment License.

I also understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining the approval or denial of my application for a Tattoo and/or Body Piercing Artist and/or my application for a Tattoo and/or Body Piercing Establishment License.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain any original writing of my signature.

I agree to these conditions and I hereby certify with my below signature that under penalty of perjury the above foregoing is true and correct.

Dated this _____ day of _____, 20____

Signature

Printed Name