

City of Pierre
Application for Business License
Tattoo and/or Body Piercing Establishment
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 \$275.00 <input type="checkbox"/> Renewal \$225.00
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Establishment Name:

Business Phone: SD Sales Tax License Number:

Establishment Address:

Owners Name: Phone Number:

Owners Address:

If a Partnership, please list name, residence address, and phone number of each partner, including limited partners, and the address of the partnership itself, if different than the address of the licensing Business.

Partnership Name:

Partnership Address:

Partner Name: Partner Phone:

Partner Address:

Partner Name: Partner Phone:

Partner Address:

If a Corporation, please list the names and residence addresses of each officer and director of the corporation and of each stockholder owning more than 10% of the stock, and the address of the corporation itself, if different than the address of the licensing Business.

Corporation Name:

Corporation Address:

Name: Title: Phone:

Address:

Name: Title: Phone:

Address:

Name: Title: Phone:

Address:

If a Corporation, the name and address of a resident agent, residing within the City of Pierre. This must be kept current at all times.

Resident Agent Name: Phone:

Address:

List the last two previous address, if any, during the past 3 years immediately prior to the current address.

Address: Dates at Address:

Address: Dates at Address:

Has the applicant operated other tattoo and/or body piercing establishments or similar business occupation with or without a license, in this or another City, or under different names? If yes, list the name(s) and address(es).

No Yes Establishment Name:

Establishment Address:

Establishment Name:

Establishment Address:

Has the applicant ever had a tattoo and/or body piercing establishment or similar business license suspended, revoked or denied? If yes, list the business name, business address, business activity or occupation, and the date and reason for the suspension, revocation, or denial.

No Yes Business Name: Business Activity:

Business Address:

Date of Action Reason for Action:

Please list the Name and Address of each tattoo and/or body piercing artist who is or will be employed at this location.

Artist Name: Artist Phone:

Artist Address:

Artist Name: Artist Phone:

Artist Address:

Artist Name: Artist Phone:

Artist Address:

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. Must include individual or partnership applicant's height, weight, color of eyes and hair, and sex.

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 _____

*****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

This area is for official use only:

SD Department of Health:

Date sent to SD Department of Health:

Recommended Action: Approved Denied

Signature _____ Printed Name _____

Dated this _____ day of _____, 20 _____

City of Pierre Building Department:

Date sent to SD Department of Health:

Recommended Action: Approved Denied

Signature _____ Printed Name _____

Dated this _____ day of _____, 20 _____

Pierre Police Department:

Date sent to SD Department of Health:

Recommended Action: Approved Denied

Signature _____ Printed Name _____

Dated this _____ day of _____, 20 _____