



100 Parkers Mill • Oswego, IL 60543  
Ph: 630-554-3259  
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### TATTOO / BODY PIERCING LICENSE APPLICATION

Please return completed Application and Fee to Village Clerk

Application Fee: \$100.00 (Non-refundable)

License Fee: \$100.00

License Period January 1 through December 31

1. Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

\_\_\_\_\_

Length of time the Applicant has been in a business of this character: \_\_\_\_\_

3. Name of Building Owner: \_\_\_\_\_

Address of Building Owner: \_\_\_\_\_

Mailing Address of Building Owner (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*\*\* OFFICE USE ONLY \*\*\***

Approved     Not Approved    License No.: \_\_\_\_\_    Date of Issuance: \_\_\_\_\_

Background Check     Copy of Lease     Copy of Emergency Medical Procedure

Kendall County Health Department Certificate of Compliance     Copy of \$100,000 Malpractice Insurance

Non-Refundable Application Fees: \$100.00 for first background check/fingerprinting plus \$100.00 for each additional background check  
\$ 100.00 + ( \_\_\_\_\_ # of additional background checks x \$100.00 \$ \_\_\_\_\_)    Total Due with Application: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

**APPLICANT Information**

4. Applicant Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

Place of birth: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Are you a Sole Proprietor?  Yes  No **If yes, skip to Question 10**

**BUSINESS OWNERSHIP Information**

Please provide the following information regarding how the business was created and is owned:

Corporation  Partnership  Limited Liability Corporation (LLC)

5. Business Owner Name: \_\_\_\_\_

Business Owner Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Date of Incorporation and objects for which corporation was incorporated: \_\_\_\_\_

\_\_\_\_\_

6. If the majority interest of said corporation/partnership/membership is owned by one (1) person or his nominees, please provide the full name and address:

Name \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

7. Full name and address of all partners and list principal business activity of each partner. If a naturalized citizen, please list the date and place of naturalization.

(a) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

(b) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

(c) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

(d) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

Principle Business Activity: \_\_\_\_\_

### LOCAL CONTACT Information

8. Full name and address of registered agent and local manager.

Agent \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

Manager \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

9. Have any persons, noted in this application, been convicted of a felony? Yes  No  If yes, please explain:

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

10. Have any persons, noted in this application, been convicted in the past three years of: keeping a place of prostitution; pimping; pandering; soliciting for a prostitute; gambling; keeping a gambling place or any offenses involving bodily harm:

Yes  No  If yes, please explain: \_\_\_\_\_

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

11. Have any persons, noted in this application, had a tattoo or body piercing license revoked? Yes  No

If yes, please explain:

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

12. Is the business owned or leased? Owned  Leased

If leased, please provide a copy of a valid lease for the entire term of the license.

13. Description of the premises or place of business which is to operate under the license:

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14. Will you and all persons associated with the business familiarize yourself with all the laws of the United States, State of Illinois, and ordinances of the Village of Oswego, pertaining to the operation of tattoo / body piercing and abide by all of them? Yes  No

15. Will you and all persons associated with the business familiarize yourself with all the laws of the United States, State of Illinois, Kendall County and ordinances of the Village of Oswego pertaining to the Human Trafficking Resource Center Notice Act? Yes:  No:

**Note: All tattoo and/or body piercing establishment shall post a Human Trafficking notice in accordance with 775 ILCS 50/5 (PA 100-0671). Notices must be visible by the public and employees.**

16. Have you and all persons associated with the business ever been convicted of any violation of any law pertaining to the operation of tattoo / body piercing? Yes  No  If yes, please explain: \_\_\_\_\_

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**Please read the following and attach copies of the appropriate information:**

- A copy of the certificate of compliance or inspection by the Kendall County Health Department needs to be included with the application.
  - A copy of operation procedure for response to any emergency medical occurrence.
  - A copy of the proof of malpractice insurance in the amount of \$100,000.00
  - Attach a copy of a valid lease if the applicant does not own the premises.
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I understand that in the event there has been a change of ownership a new Tattoo / Body Piercing License Application form must be completed.

**(Continue to signature page)**

**SIGNATURE/TITLE/DATE**

Please sign and date the application and provide your title with the business. The application must be signed by an owner, officer or partner.

I UNDERSTAND ANY MISREPRESENTATIONS SUBMITTED MAY BE CAUSE FOR DENIAL AND REVOCATION OF THE LICENSE. THE UNDERSIGNED DOES HEREBY SWEAR OR AFFIRM, UNDER PENALTIES OF PERJURY, THAT ALL STATEMENTS IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION AND THAT I HAVE PERSONALLY READ EACH AND EVERY QUESTION AND ANSWERED EACH AND EVERY QUESTION IN THIS APPLICATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF OSWEGO TO ISSUE THE LICENSE HEREIN APPLIED FOR; AND THAT THE PERSON OR PERSONS APPLYING FOR SUCH LICENSE ARE ALL OF GOOD MORAL CHARACTER AND HAVE NOT BEEN CONVICTED OF A FELONY; THAT IF A LICENSE IS GRANTED HEREUNDER, THE UNDERSIGNED WILL REVIEW AND NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, THE VILLAGE OF OSWEGO, RULES AND REGULATIONS AND THE CIVIL RIGHTS SECTIONS THEREOF AND IS NOT DISQUALIFIED BY REASON OF ANY MATTER OR THING CONTAINED IN THIS DOCUMENT.

**PENALTY:** Any person found liable/guilty by a preponderance of the evidence of a violation of Village Code, relating to this licensing, in an administrative/judicial hearing shall be subject to a class II fine, plus applicable hearing costs, as provided in subsection 1-4-3E of this code.

Printed Name: \_\_\_\_\_  
*(Please print clearly)*

Signed: \_\_\_\_\_  
*(Authorized Signature)*

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT TO CONDUCT BACKGROUND CHECK**

**TO WHOM IT MAY CONCERN**

I authorize and empower the Village of Oswego and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, credit history, and all other information which may bear favorably or unfavorably upon my application for a Tattoo License made to the Village of Oswego. I further release from liability any person or persons providing or receiving any such information in connection with this pre-licensure investigation.

Upon written request I understand that said Police Department will provide me with information regarding the scope of the investigation if one was/is made.

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

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

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

Date: \_\_\_\_\_