

## **INSTRUCTIONS FOR SUBMITTING AN APPLICATION FOR TATTOO AND/OR BODY PIERCING BUSINESS LICENSE**

No person, firm or corporation shall engage in or carry on the business of tattoo and/or body piercing in the City of Crystal Lake without first obtaining a tattoo and/or body piercing business license by the City pursuant to the City Code of the City of Crystal Lake.

### ATTACHMENTS

1. City of Crystal Lake Application for Tattoo and/or Body Piercing Business License
2. City of Crystal Lake Personal Information Sheet
3. City of Crystal Lake Affidavit

The following are instructions for completing a Tattoo and/or Body Piercing Business License Application:

1. Read the City of Crystal Lake's ordinances relating to Tattoo and/or Body Piercing Business Licenses.
2. Complete the application in full and submit all required documents.
3. Submit the application and all required documents along with:
  - a. A cover letter addressed to the Chief of Police requesting a Tattoo and/or Body Piercing Business License,
  - b. A \$100.00 application fee in the form of a check, money order, or cash payable to the City of Crystal Lake, and
  - c. A \$15.00 fee in the form of a check, money order, or cash, payable to the City of Crystal Lake for each individual whether applying as sole proprietorship, co-partnership or corporation, or as registered agent to cover the cost of the Illinois State Police background check.
4. Return the completed application packet in person to:

Chief of Police  
City of Crystal Lake Police Department  
100 W. Woodstock St.  
Crystal Lake, IL 60014

5. Upon receipt of the completed application packet, the sole proprietor, co-partner or corporation representative, or the registered agent must contact the City of Crystal Lake Police Department in order to: 1) schedule the fingerprinting and photograph session as part of the Illinois State Police background check, and 2) schedule an inspection of the tattoo and/or body piercing establishment by the Chief of Police or his authorized representative as required per ordinance.



**Application is made on behalf of a Sole Proprietorship:**

*A fee of \$15.00 per person payable to the City of Crystal Lake must be paid to cover the cost of the Illinois State Police background check.*

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|              |                  |             |
|--------------|------------------|-------------|
| (First Name) | (Middle Initial) | (Last Name) |
|--------------|------------------|-------------|

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|                       |        |         |            |                |
|-----------------------|--------|---------|------------|----------------|
| (Residential Address) | (City) | (State) | (Zip Code) | (Phone Number) |
|-----------------------|--------|---------|------------|----------------|

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|                 |                  |                          |                           |
|-----------------|------------------|--------------------------|---------------------------|
| (Date of Birth) | (Place of Birth) | (Social Security Number) | (Driver's License Number) |
|-----------------|------------------|--------------------------|---------------------------|

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|                    |        |         |            |                         |
|--------------------|--------|---------|------------|-------------------------|
| (Business Address) | (City) | (State) | (Zip Code) | (Business Phone Number) |
|--------------------|--------|---------|------------|-------------------------|

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|                         |  |
|-------------------------|--|
| (Character of Business) | (Length of time applicant has been in this business) |
|-------------------------|--|

**Application is made on behalf of a Co-Partnership or Corporation:**

**Co-Partnership:** The persons entitled to share in the profits.

**Corporation:** All officers, directors and anyone owning more than 10% share of the corporation, must undergo a police background check. A fee of \$15.00 per person must be paid to cover the cost of the Illinois State Police background check for each individual.

The following information is required of all Partners, Officers & Directors: (If additional room is needed, please use separate sheet.)

1. \_\_\_\_\_

|              |                  |             |                       |        |         |            |
|--------------|------------------|-------------|-----------------------|--------|---------|------------|
| (First Name) | (Middle Initial) | (Last Name) | (Residential Address) | (City) | (State) | (Zip Code) |
|--------------|------------------|-------------|-----------------------|--------|---------|------------|

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|                |                     |                     |                      |                 |                  |
|----------------|---------------------|---------------------|----------------------|-----------------|------------------|
| (Phone Number) | (Title/Office Held) | (Social Security #) | (Driver's License #) | (Date of Birth) | (Place of Birth) |
|----------------|---------------------|---------------------|----------------------|-----------------|------------------|

2. \_\_\_\_\_

|              |                  |             |                       |        |         |            |
|--------------|------------------|-------------|-----------------------|--------|---------|------------|
| (First Name) | (Middle Initial) | (Last Name) | (Residential Address) | (City) | (State) | (Zip Code) |
|--------------|------------------|-------------|-----------------------|--------|---------|------------|

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|                |                     |                     |                      |                 |                  |
|----------------|---------------------|---------------------|----------------------|-----------------|------------------|
| (Phone Number) | (Title/Office Held) | (Social Security #) | (Driver's License #) | (Date of Birth) | (Place of Birth) |
|----------------|---------------------|---------------------|----------------------|-----------------|------------------|

3. \_\_\_\_\_

|              |                  |             |                       |        |         |            |
|--------------|------------------|-------------|-----------------------|--------|---------|------------|
| (First Name) | (Middle Initial) | (Last Name) | (Residential Address) | (City) | (State) | (Zip Code) |
|--------------|------------------|-------------|-----------------------|--------|---------|------------|

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|                |                     |                     |                      |                 |                  |
|----------------|---------------------|---------------------|----------------------|-----------------|------------------|
| (Phone Number) | (Title/Office Held) | (Social Security #) | (Driver's License #) | (Date of Birth) | (Place of Birth) |
|----------------|---------------------|---------------------|----------------------|-----------------|------------------|

**Employee Information:**

Complete the following information for all employees. (If additional room is needed, please use separate sheet.)

1. \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Residential Address) (City) (State) (Zip Code) (Date of Birth)

2. \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Residential Address) (City) (State) (Zip Code) (Date of Birth)

3. \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Residential Address) (City) (State) (Zip Code) (Date of Birth)

**Registered Agent for Business:**

A Registered Agent may be an employee, manager or attorney. *Must be fingerprinted & photographed at Crystal Lake Police Dept.* A fee of \$15.00 per person must be paid to City of Crystal Lake to cover the cost of the Illinois State Police background check for each individual.

Will the business be conducted by a registered agent? \_\_\_\_\_

Name of Registered Agent During the **Previous** License Year: \_\_\_\_\_

Name of Registered Agent for **New** License Year:

\_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Residential Address) (City) (State) (Zip Code)

\_\_\_\_\_  
(Phone Number) (Social Security #) (Driver's License #) (Date of Birth) (Place of Birth)

Has the applicant read and understood the provisions of the City Ordinances governing tattooing and/or body piercing?

Has applicant made application for a similar license for premises other than described in this application?

If Yes, \_\_\_\_\_  
(Date) (Location of Premise) (Disposition of application)

The Applicant hereby authorizes the City of Crystal Lake, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application, including the attached Personal Information Sheets and the qualifications of the Applicant.

The Applicant acknowledges that such other information, identification, and physical examination as shall be deemed necessary by the Chief of Police to discover the truth of the items included in this application may be required. A license fee of \$100.00 is submitted with this application.

The Applicant acknowledges that every person, firm, or corporation which operates a tattoo business or practices or provides a tattoo shall at all times keep records in which the name of each and every patron shall be entered, together with the time, date and place of service, and the service provided. Such records shall be available at all times for inspection by the Chief of Police or his authorized representative.

**Application must be signed as follows:**

**Sole Proprietorship:** By Owner      **Partnership:** By Both Partners      **Corporation:** By President and Secretary

\_\_\_\_\_  
(Full Name) (Title) (Date)

\_\_\_\_\_  
(Full Name) (Title) (Date)

**PERSONAL INFORMATION SHEET**

6. Name: \_\_\_\_\_

Current Resident Address: \_\_\_\_\_

Resident Phone Number (\_\_\_\_)\_\_\_\_\_

7. Two previous addresses immediately prior to the present address of the applicant.

a. \_\_\_\_\_

b. \_\_\_\_\_

8. Attach written proof of age (copy of Driver's License).

9. Height\_\_\_\_\_ Weight\_\_\_\_\_ Color/Hair\_\_\_\_\_

Color/Eyes\_\_\_\_\_ Sex\_\_\_\_\_ Date of Birth\_\_\_\_\_

10. Attach two (2) recent front-face photographs at least 2 inches by 2 inches in size taken with the last 30 days (photographs can be taken at the Police Department).

11. Describe the tattoo and/or body piercing or similar business history and experience, including city and state of operation, whether license or permit has been denied, revoked, or suspended and the reason therefore and the business activities or occupations subsequent to such action of denial, suspension or revocation.

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

12. List all criminal convictions other than misdemeanor traffic violations, fully disclosing the jurisdiction in which convicted, the offense for which convicted, and the circumstances thereof.

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

13. A complete set of fingerprints taken and to be retained on file by the Chief of Police.

14. Attach a copy of diploma, certificate, or other written proof of graduation from a recognized school, which teaches the theory, method, profession, or work of tattoo and/or body piercing by the person who shall be directly responsible for the operation and management of the tattoo and/or body piercing business.
15. Attach a copy of the applicant's Certificate of Registration issued by the Illinois Department of Public Health, pursuant to the Tattoo and Body Piercing Establishment Registration Act, 410 ILCS 54/1, et al.
16. List the names and addresses of three adult residents of McHenry County, not including relatives and business associates, who will serve as character references.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_

Under penalty of perjury, I hereby affirm that the foregoing information is true and correct, said declaration being duly dated and signed in the City of Crystal Lake, Illinois.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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**For City of Crystal Lake Use Only**

**Received in Police Dept. on:** \_\_\_\_\_ **By:** \_\_\_\_\_

**License Fee Included: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Diploma Included: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Proof of Age Included: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Fingerprints Taken: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**License Approved:** \_\_\_\_\_ **Disapproved:** \_\_\_\_\_ **By:** \_\_\_\_\_

**AFFIDAVIT**

**STATE OF ILLINOIS**

**COUNTY OF McHENRY**

I (we) swear that I (we) will not violate any of the ordinances of the City of Crystal Lake, or the laws of the State of Illinois, or the laws of the United States of America, in the conduct of the place of business described herein, and that the statements contained in the application are true and correct to the best of my (our) information and belief.

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Full Name of Applicant, President or Partner Title

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Full Name of Secretary or Partner Title

Subscribed and sworn to before me this, \_\_\_\_\_ day of, \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_