



# HUTCHINSON

A CITY ON PURPOSE.

111 Hassan Street Southeast  
Hutchinson, MN 55350

(320) 587-5151/Fax: (320) 234-4240

License Fee: **\$175.00**

Operating Year: \_\_\_\_\_

## City of Hutchinson Application for Tattoo Service License (Under Ordinance No. 118)

Applicant Information			
_____		_____	
<i>Applicant Name</i>		<i>Phone Number</i>	
_____		_____	_____
<i>Applicant Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>

Business Information			
_____		_____	
<i>Business Name</i>		<i>Phone Number</i>	
_____		_____	_____
<i>Business Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
_____			
<i>Zoning District</i>			
<i>*verify the proposed use is allowed in this zoning district</i>			

Corporate Information (if applicable)			
_____		_____	
<i>Corporate Name</i>		<i>Phone Number</i>	
_____		_____	_____
<i>Corporate Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>

Owner(s)/Corporate Officer(s) (list names and addresses of all persons have a beneficial interest in the business/corporation)			
Name: _____			
_____		_____	_____
<i>Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Name: _____			
_____		_____	_____
<i>Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<i>*If necessary, list additional owner(s)/corporate officer(s) on a separate sheet of paper</i>			

Operators (list all individuals involved in giving tattoo services)			
Name: _____			
_____		_____	_____
<i>Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Name: _____			
_____		_____	_____
<i>Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<i>*If necessary, list additional operators on a separate sheet of paper</i>			

Checklist (all items must be checked "yes" in order for the application to be processed)		
The following items need to be completed and/or attached in order for the application to be processed:		
Application fee paid in full (check or money order):	<input type="checkbox"/> yes	<input type="checkbox"/> no
Application completed in full and signed:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Release of Information completed and signed:	<input type="checkbox"/> yes	<input type="checkbox"/> no

I hereby certify that I have completely filled out the entire above application and that the application is true, correct, and accurate and that I and all technicians providing services under this license are free from all communicable diseases.

I fully understand that any person who violates any provision of the Tattooing Services Ordinance No. 118 is guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$500 or by imprisonment for a period not exceeding 90 days or both, plus, in either case, the costs of prosecution.

_____	_____
<i>Signature of Applicant</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Title</i>

***NOTE: No application will be forwarded to the City Council unless received two weeks prior to the regular Council meeting, filled out in completion, and fee payment is attached.***

Internal Use Only	
Zoning/Building	<input type="checkbox"/> approved <input type="checkbox"/> denied   Notes: _____
Police	<input type="checkbox"/> approved <input type="checkbox"/> denied   Notes: _____
City Council	<input type="checkbox"/> approved <input type="checkbox"/> denied   Notes: _____

## Release of Information Form

*As an applicant for a permit from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.*

I hereby release the agency with which I am seeking an application for a license, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Information <i>(Please Print)</i>			
Name:	_____	_____	_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i> <i>Zip</i>
Date of Birth:	_____	_____	_____
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Place of Birth:	_____	_____	
	<i>City</i>	<i>State</i>	
Social Security Number:	_____		
Driver's License Number:	_____		

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*Please allow two weeks lead time for an investigation (this **does not** include time allowed for scheduling a public hearing if necessary, a publication notice and a City Council meeting).