

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

| Applicant Information | | | | |
|---|--|---|---|---|
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | |
| <i>Applicant Name</i> | | <i>Phone Number</i> | | |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> |
| <i>Applicant Address</i> | | <i>City</i> | <i>State</i> | <i>Zip</i> |

| Business Information | | | | |
|---|--|---|---|---|
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | |
| <i>Business Name</i> | | <i>Phone Number</i> | | |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> |
| <i>Business Address</i> | | <i>City</i> | <i>State</i> | <i>Zip</i> |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | | | |
| <i>Zoning District</i> | | | | |
| <i>*verify the proposed use is allowed in this zoning district</i> | | | | |

| Corporate Information (if applicable) | | | | |
|---|--|---|---|---|
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | |
| <i>Corporate Name</i> | | <i>Phone Number</i> | | |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> |
| <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) | | | | |
|---|--|---|---|---|
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | | | |
| Name: _____ | | | | |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> |
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| <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) | | | | |
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| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> | | | | |
| Name: _____ | | | | |
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| <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): ☐ yes ☐ no

Application completed in full and signed: ☐ yes ☐ no

Release of Information completed and signed: ☐ yes ☐ 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.

Signature of Applicant

Date

Print Name

Title

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 ☐ approved ☐ denied Signature: _____

Police ☐ approved ☐ denied Signature: _____

City Council ☐ approved ☐ denied Signature: _____

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).