



A CITY ON PURPOSE.

111 Hassan Street Southeast  
Hutchinson, MN 55350  
(320) 587-5151/Fax: (320) 234-4240

**License Fee:** \$185.00

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

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

**Applicant Information**

*Applicant Name*

*Phone Number*

*Applicant Address*

*City*

*State*

*Zip*

**Business Information**

*Business Name*

*Phone Number*

*Business Address*

*City*

*State*

*Zip*

*Zoning District*

*\*verify the proposed use is allowed in this zoning district*

**Corporate Information (if applicable)**

*Corporate Name*

*Phone Number*

*Corporate Address*

*City*

*State*

*Zip*

**Owner(s)/Corporate Officer(s) (list names and addresses of all persons have a beneficial interest in the business/corporation)**

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

*Address*

*City*

*State*

*Zip*

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

*Address*

*City*

*State*

*Zip*

*\*If necessary, list additional owner(s)/corporate officer(s) on a separate sheet of paper*

**Operators (list all individuals involved in giving tattoo services)**

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

*Address*

*City*

*State*

*Zip*

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

*Address*

*City*

*State*

*Zip*

*\*If necessary, list additional operators on a separate sheet of paper*

**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.

<b>Applicant's Information (Please Print)</b>			
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).