

Tattoo-Microblading Establishment Permit Application/Renewal

\$201 Annual Fee

The undersigned hereby makes application for a Tattoo Establishment License under the provisions of Chapter 122 of the Code of Ordinances of Sioux Falls, SD, for the period beginning January 1, 20____, and ending December 31, 20_____.

Please type or print in ink

Establishment Name: _____ Business Phone No.: _____

Establishment Address: _____ Zip: _____

Owner Name: _____ Manager Name: _____

Owner Address: _____ Zip: _____

Owner Phone No.: _____ Fax: _____

Billing Name: _____ Billing Phone No.: _____

Billing Address: _____ City/State: _____ Zip: _____

If establishment has changed name, list previous name: _____

Email Address: _____ Annual Fee: \$ _____

Signature of Applicant: _____

Make checks payable to: **City of Sioux Falls**
 Submit to: **Sioux Falls Health Department**
521 North Main Avenue, Suite 101
Sioux Falls, SD 57104-5963

<i>Office Use Only</i>	
Clerk:	_____
Date:	_____
Total remitted: \$	_____
Receipt No.:	_____

1. If a partnership, list the name, residence address, and phone number of each partner, including limited partners, and the address of the partnership itself, if different from the address of the tattoo establishment:

(Business Name)

(Address)

(Phone)

(Business Name)

(Address)

(Phone)

2. If a corporation, list the names and residence addresses of each officer and director of the corporation and of each stockholder owning more than ten percent of the stock, and the address of the corporation itself, if different from the address of the tattoo establishment:

3. If a corporation, the name and address of a resident agent, residing within the city. This must be kept current at all times:

4. List the last two previous addresses, if any, during the past three years immediately prior to the present address: _____

5. Has the applicant operated other tattoo establishments, in this or another city, or under different names? Yes _____ No _____. If yes, list the name(s) and address(es):

6. Has applicant ever had a business license suspended or revoked? Yes _____ No _____
If yes, explain: _____

7. What type of services will be provided? _____

8. Name and address of each tattoo artist who is or will be employed at this location:

Requirements:

1. Attach a copy of identification, such as driver's license or Government-Issued ID, for proof of age. (Must also include individual applicant's height, weight, eye and hair color, and sex.)
2. Health, Fire, and Planning and Development Services accept change.