

## Tattoo-Microblading Artist Permit Application/Renewal

**\$60 Annual Application Fee**

The undersigned hereby makes application for a Tattoo Artist 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\_\_\_\_\_.

### Artist Information

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

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Annual Fee: \$ \_\_\_\_\_ Email: \_\_\_\_\_

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### Billing Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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### Establishment Information

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

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fee Amount Remitted: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

**By signing, you are verifying the accuracy of this information to the best of your knowledge.**

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**

**Office Use Only**

Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

Total remitted: \$ \_\_\_\_\_

Receipt No.: \_\_\_\_\_

## Other Needed Information

1. Has applicant ever had a tattoo artist license (even if outside of Sioux Falls)?

Yes       No

If yes, list city and establishment:

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(Business Name)

(Address)

(Phone)

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(Business Name)

(Address)

(Phone)

2. When did you take Blood-Borne Pathogens training?

Date: \_\_\_\_\_

Location: \_\_\_\_\_  
(certificate of completion attached)

3. Which of the following body art procedures will you be performing in Sioux Falls?

\_\_\_\_\_ Tattooing and permanent makeup

\_\_\_\_\_ Microblading

**\*All artists must be affiliated with a licensed establishment.**

### 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.)