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## TATTOO / BODY PIERCING LICENSE APPLICATION

Please return completed Application and Fee to Village Clerk

Application Fee: \$100.00 (Non-refundable)

License Fee: \$100.00

License Period January 1 through December 31

1. Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Length of time the Applicant has been in a business of this character: \_\_\_\_\_

3. Name of Building Owner: \_\_\_\_\_

Address of Building Owner: \_\_\_\_\_

Mailing Address of Building Owner (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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### \*\*\* OFFICE USE ONLY \*\*\*

Approved     Not Approved    License No.: \_\_\_\_\_    Date of Issuance: \_\_\_\_\_

Background Check     Copy of Lease     Copy of Emergency Medical Procedure

Kendall County Health Department Certificate of Compliance     Copy of \$100,000 Malpractice Insurance

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Non-Refundable Application Fees: \$100.00 for first background check/fingerprinting plus \$100.00 for each additional background check

\$ 100.00 + ( \_\_\_\_\_ # of additional background checks x \$100.00 \$ \_\_\_\_\_)    Total Due with Application: \$ \_\_\_\_\_

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

**APPLICANT Information**

4. Applicant Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Are you a Sole Proprietor?  Yes  No **If yes, skip to Question 10**

**BUSINESS OWNERSHIP Information**

Please provide the following information regarding how the business was created and is owned:

Corporation  Partnership  Limited Liability Corporation (LLC)

5. Business Owner Name: \_\_\_\_\_

Business Owner Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Date of Incorporation and objects for which corporation was incorporated: \_\_\_\_\_

\_\_\_\_\_

6. If the majority interest of said corporation/partnership/membership is owned by one (1) person or his nominees, please provide the full name and address:

Name \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

7. Full name and address of all partners and list principal business activity of each partner. If a naturalized citizen, please list the date and place of naturalization.

(a) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

(b) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

(c) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

(d) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

Principle Business Activity: \_\_\_\_\_

**LOCAL CONTACT Information**

8. Full name and address of registered agent and local manager.

Agent \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

Manager \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_ Citizenship: \_\_\_\_\_

9. Has the applicant been convicted of a felony?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

10. Has the applicant been convicted in the past three years of: keeping a place of prostitution; pimping; pandering; soliciting for a prostitute; gambling; keeping a gambling place or any offenses involving bodily harm:

Yes  No  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Has applicant had a tattoo or body piercing license revoked?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

12. Does the applicant own the premises? If not, the applicant must provide a copy of a valid lease for the entire term of the license.

\_\_\_\_\_  
\_\_\_\_\_

13. Description of the premises or place of business which is to operate under the license:

\_\_\_\_\_  
\_\_\_\_\_

14. The liquor commissioner may waive the fingerprint requirement. Fingerprinting of corporate shareholders or LLC members may also be waived when it would not be practical. The license holder will be notified if fingerprinting is required. If required, all applicants including individuals, partners or shareholders of corporations and members for LLC's shall submit fingerprints as a part of the application and shall pay a one hundred dollar (\$100.00) fee for said fingerprints. The fingerprint fee shall apply to the second and each subsequent person named per application.
15. Will you familiarize yourself with all the laws of the United States, State of Illinois, and ordinances of the Village of Oswego, pertaining to the operation of tattoo / body piercing and abide by all of them?

Yes  No

16. Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to the operation of tattoo / body piercing?

Yes  No  If yes, please explain: \_\_\_\_\_

**Please read the following and attach copies of the appropriate information:**

- A copy of the certificate of compliance or inspection by the Kendall County Health Department needs to be included with the application.
- A copy of operation procedure for response to any emergency medical occurrence.
- A copy of the proof of malpractice insurance in the amount of \$100,000.00
- Attach a copy of a valid lease if the applicant does not own the premises.

- I understand that in the event there has been a change of ownership a new Tattoo / Body Piercing License Application for must be completed.

**PENALTY:** Any person found liable/guilty by a preponderance of the evidence of a violation of Village Code, relating to this licensing, in an administrative/judicial hearing shall be subject to a class II fine, plus applicable hearing costs, as provided in subsection 1-4-3E of this code.

I understand any misrepresentations submitted may be cause for denial and revocation of the license. The undersigned does hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the person or persons applying for such license are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will review the Village of Oswego Code of Ordinances, the State of Illinois Compiled Statutes and the Laws of the United State of America and is not disqualified by reason of any matter or thing contained in this document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Authorized Signature)*

Title: \_\_\_\_\_

**CONSENT TO CONDUCT BACKGROUND CHECK**

**TO WHOM IT MAY CONCERN**

I authorize and empower the Village of Oswego Police Department to obtain, prepare, use and furnish information concerning my general reputation, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends of associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request I understand that said Police Department will provide me with information regarding the scope of the investigation if one was/is made.

Signature: \_\_\_\_\_

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

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

\_\_\_\_\_

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



