INDEPENDENCE HEALTH DEPARTMENT

TATTOO ARTIST/BODY PIERCER PERMIT APPLICATION FORM

Environmental Public Health Division
515 S. Liberty Street
P. O. Box 1019
Independence, MO 64051-0519
Phone: (816) 325-7803 Fax: (816) 325-7074
www.independencemo.org/health

Picture identification is required to process application (i.e. driver's license, passport, etc.) PLEASE PRINT LEGIBLY.

❑ $100.00 Tattoo Artist ❑ $100.00 Body Piercer

Name: (First, Middle, Last, Suffix, Former/Maiden)	Social Security #_____ Date of Birth :_____
Address:	Phone #: _____ Voluntary Information Race: _____ Sex: _____

EMPLOYMENT RECORD

Current Place of Employment: Name:_____ Address:_____ City, State,Zip:_____	Phone: ( )_____

PROFESSIONAL EXPERIENCE –List all employers in the past three years

Former Place of Employment: Name:_____ Address:_____ City, State,Zip:_____	Business Type:_____ Position:_____ Phone #: _____
Reason for Leaving:	Employment Date: _____ to _____
Former Place of Employment: Name:_____ Address:_____ City, State,Zip:_____	Business Type:_____ Position:_____ Phone #: _____
Reason for Leaving:	Employment Date: _____ to _____
Former Place of Employment: Name:_____ Address:_____ City, State,Zip:_____	Business Type:_____ Position:_____ Phone #: _____
Reason for Leaving:	Employment Date: _____ to _____
Former Place of Employment: Name:_____ Address:_____ City, State,Zip:_____	Business Type:_____ Position:_____ Phone #: _____
Reason for Leaving:	Employment Date: _____ to _____

The undersigned hereby attest to the accuracy of the information provided in this application, and affirms that the undersigned will comply with the City of Independence Tattoo Parlor and/or Body Piercing regulations. IT IS UNLAWFUL TO PROVIDE FALSE INFORMATION ON THIS DOCUMENT.

_____ _____

Signature Date

Office Use Only:

❑ Copy of State License ❑ Copy of Photo ID ❑ Copy of Current Health Certificate

❑ Not Approved ❑ Approved Date: _____