



TATTOO ARTIST/BODY PIERCER PERMIT APPLICATION

Community Development Department-Health Inspection Division
111 E Maple St
P. O. Box 1019
Independence, MO 64051-0519
Phone: (816) 325-7803 Fax: (816) 325-7770
www.independencemo.org

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

Tattoo Artist 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 TB, HIV, HEP B and HEP C test

Copy of Business License

Not Approved

Approved

Date: _____