



# 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: \_\_\_\_\_