



TATTOO PARLOR PERMIT APPLICATION FORM

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

This form must be completed for all new and change of ownership facilities and for any changes to facility information. **If the information on this application changes, this department is to be notified. Picture identification is required to process application (i.e. driver's license, passport, etc.)** PLEASE PRINT LEGIBLY.

Facility Name: (as it will be shown on permit)	Phone: () _____ Fax: () _____ Cell: () _____
Facility Address:	Email: _____ Website: _____

Anticipated Opening Date: _____	Ownership Legal Type: <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership Date of Incorporation or Partnership _____	Location: _____
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OWNERSHIP INFORMATION

Owner's Name: _____	Previous Tattoo License# _____	Phone: () _____ Cell: () _____ Fax: () _____ Email: _____ Website: _____
Owner's Address: _____ City, State: _____ Zip: _____	Date of Birth: _____ SS#: _____ DL #: _____	

CO-OWNER/PARTNER INFORMATION

Owner's Name: _____	Previous Tattoo License# _____	Phone: () _____ Cell: () _____ Fax: () _____ Email: _____
Owner's Address: _____ City, State: _____ Zip: _____	Date of Birth: _____ SS#: _____ DL #: _____	

EMPLOYEE INFORMATION

Names of managing officers, employees:

Name	Address	Date of Birth

A HEALTH CERTIFICATE ISSUED BY A LICENSED MEDICAL PRACTITIONER IS REQUIRED FOR EACH EMPLOYEE LISTED (use back of form if needed)

For Office use only: Date: _____ Approved Not Approved Permit# _____

Signature

Title

Printed Name

Date