

**CITY OF MOBRIDGE**114 First Avenue East  
Mobridge, SD 57601

Phone: (605) 845-3509

cityhall@westriv.com

**APPLICATION TO OPERATE A TATTOO ESTABLISHMENT**

NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_ CHANGE: \_\_\_\_\_ CHANGE OF OWNERSHIP: \_\_\_\_\_

**APPLICANT'S INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

The last two previous addresses (if any) during the past three years immediately prior to the present address of the applicant. \_\_\_\_\_

Applicant's height \_\_\_\_\_ Weight \_\_\_\_\_ Color of eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_ Sex \_\_\_\_\_

The history of the applicant in the operation of a tattoo establishment or similar business or occupation, including, but not limited to, whether or not such person has previously had a similar license revoked or suspended and the reason therefore. \_\_\_\_\_

\_\_\_\_\_ Provided written proof that applicant is over the age of 18.

\_\_\_\_\_ Provided a copy of applicant's driver's license, social security card or personal identification.

**ESTABLISHMENT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_**ESTABLISHMENT ADDRESS:** \_\_\_\_\_**MAILING ADDRESS:** \_\_\_\_\_**SERVICES TO BE PROVIDED:** \_\_\_\_\_

Name tattoo/body piercing artist employed	Address	Certification of schooling or apprenticeship

\_\_\_\_\_ Provided proof of current Hepatitis and Tetanus vaccinations, and a clean TB test for each tattoo/body piercing artist.

\_\_\_\_\_ Provided a certificate of insurance.

A permit fee of \$160.00 for each tattoo/body piercing artist payable to the "City of Mobridge" must accompany the application. Tattoo/body piercing artist permits are non-transferable. The fee is the same for initial or renewal. Mail completed application and fee to address shown at the top of this form. Permit is valid for one year and expires each year on December 31<sup>st</sup>. Upon signature, applicant confirms he/she will comply with the minimum standards set forth in Mobridge Revised Ordinances 6-12. After the City receives an application, the City shall request that the tattoo/body piercing establishment be inspected by the Department of Health within 30 days, and annually upon renewal of the license

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I HAVE CHECKED AND VERIFIED THE INFORMATION LISTED ABOVE AND RECOMMEND THAT A PERMIT BE ISSUED upon inspection and approval by the SD Department of Health.

**DATE PERMIT ISSUED:** \_\_\_\_/\_\_\_\_/\_\_\_\_**DATE PERMIT EXPIRES:** \_\_\_\_/\_\_\_\_/\_\_\_\_**OFFICIAL'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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