

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 31st. 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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