



LICENSE APPLICATION FOR – **TATTOO & BODY PIERCING ESTABLISHMENT** MUNICIPAL CODE SECTION – **13-125 – 13-152**

DEFINITION:

A Tattoo Establishment refers to all places of business and all areas used by tattoo and piercing practitioners. This primarily includes the facility treatment area, waiting/reception area, and premises.

IF DESCRIPTION DOES NOT APPLY, SEE:

Tattoo & Body Piercing Artist (Ord. §§13-125 – 13-152)

GENERAL INSTRUCTIONS:

1. Print legibly and complete all sections to ensure efficient processing.
2. Assemble all required information and materials before filing application.
3. Thoroughly review all applicable Municipal Code Sections listed above.
4. Licenses expire January 31.
5. Add \$50.00 to the license fee for renewal after January 31.
6. Include \$5.00 license application fee payable to City of South Bend.
7. New applicant license fee payable to City of South Bend due at issuance - \$250.00, the renewal license fee is \$150.00. (See 13-133 for complete schedule of fees).

REQUIRED INFORMATION AND MATERIALS:

1. Business Entity information, if applicable.
2. Proposed location where services to be provided, and description of services.
3. Copy of diploma, GED, or degree.
4. Transcript(s) outlining all training and qualifications (see Municipal Code Section 13-127(a)(7)).
5. Work history and professional associations and memberships.
6. Criminal history.
7. Documentation of completion of Indiana Occupational Safety and Health Administration's blood borne pathogen standards training.
8. Documentation of compliance with all applicable infectious waste handling guidelines, policies, and regulations.
9. Doctor's written certification applicant has been examined and found free of all communicable disease within thirty (30) days of application.
10. Copy of liability insurance policy, as required.
11. Personal and professional data on all employees providing services, per Municipal Code Section 13-127(a)(11).

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REQUIRED INFORMATION AND MATERIALS (Continued):

12. Diagram of proposed facility, per Municipal Code Section 13-127(a)(15).
13. Proposed hours of operation and fees to be charged for services, as will be posted on premises.
14. Proposed pre-service information and aftercare instructions to be used.
15. Proposed written policies to be used, in compliance with Municipal Code Sections 13-125 – 13-152 and Indiana Occupational Safety and Health Administration's blood borne pathogens standards. See Municipal Code Section 13-127(a)(20).

APPLICATION PROCESS:

1. Review Municipal Code Sections 13-125 – 13-152 thoroughly.
2. Submit Application with \$5.00 Processing Fee.
3. Health, Building, Fire, and Police Department review and recommendations.
4. No applicant for a practitioner's license shall be issued such license if he or she:
 - a) Has not met the minimal training and education requirements in order to be considered for a practitioner's license with the lack thereof being considered an inability.
 - b) Has been convicted of a felony.
 - c) Has been convicted of drug or alcohol violations.
 - d) Has been determined by a licensed medical physician to be mentally incompetent.
 - e) Has failed to meet the applicable regulations of this Article.
5. License issued on payment of fee.
6. Permit holder may do business with properly displayed License, and in compliance with §§13-125 – 13-152.
7. If a license is denied, the applicant may appeal to the Legal Department for a hearing pursuant to Section 4-16 of this Chapter.

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I. APPLICATION TYPE Check One: **New** _____ **Renewal** _____

II. BUSINESS DATA

A. Business Name: _____

B. Business Address: _____

City: _____ State: _____ Zip: _____

C. Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

D. Business Telephone Number: _____

E. Business Fax Number: _____

F. E-Mail Address: _____

G. Federal Employer Identification Number (EIN): _____

H. Indiana Taxpayer Identification Number: _____

I. Zoning of Business Location: _____

J. Have you ever had a Tattoo/Piercing Establishment license, or similar license, suspended or revoked by any governing municipality within three (3) years prior to the date of this application:

YES _____ NO _____

1. If yes, what was the reason: _____

2. Describe the nature and scope of the business operation: _____

For Office Use Only

Application Filed _____ Police Dept. Approval _____

Application Fee Paid _____ Fire Dept. Approval _____

Sent to Dept. _____ Building Dept. Approval _____

Health Dept. Approval _____ License Fee Paid _____

License Number _____

Not Approved _____

Reason _____

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III. OWNERSHIP

A. Type of ownership (check one):

- _____ Sole Proprietorship (If sole proprietorship, proceed to 1).
_____ Partnership (If partnership, proceed to 2).
_____ Corporation (If corporation, proceed to 3).

1. Sole Proprietor

Name: _____
Residential Address: _____
City: _____ State: _____ Zip: _____

2. Partnership (List at least all partners. Attach additional sheets if necessary)

Name #1: _____
Residential Address: _____
City: _____ State: _____ Zip: _____

Name #2: _____
Residential Address: _____
City: _____ State: _____ Zip: _____

3. Corporation

Legal name of corporation: _____
Date and state of incorporation: _____

List officers and directors who own 15% or more of stock:

Name #1: _____
Title: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Residential Address: _____
City: _____ State: _____ Zip: _____

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III. OWNERSHIP (Continued)

3. Corporation (Continued)

Name #2: _____

Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Name #3: _____

Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

IV. PERSONAL DATA

A. Applicant's Legal Name: _____

B. Residential Address: _____

City: _____ State: _____ Zip: _____

C. Residential Telephone Number: _____

D. Residential Fax Number: _____

E. Cellphone Number: _____

F. E-Mail Address: _____

G. Position with business: _____

H. Please list all criminal convictions (if any), excluding traffic violations:

Nature of Conviction	City	State	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

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I. Please list all addresses for three (3) years prior to application date:

Street Address	City	State	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

J. Date of birth: _____

K. Gender: _____

L. Social Security Number: _____

M. Race: _____

N. List any other names or aliases by which you have been known: _____

O. Employment History

Please list all previous employment where services related to this field were rendered:

Company 1: _____

Dates of Employment: _____

Address: _____

City, State, ZIP: _____

Supervisor: _____

Telephone Number: _____

Company 2: _____

Dates of Employment: _____

Address: _____

City, State, ZIP: _____

Supervisor: _____

Telephone Number: _____

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IV. PERSONAL DATA (Continued)

O. Employment History (Continued)

Company 3: _____

Dates of Employment: _____

Address: _____

City, State, ZIP: _____

Supervisor: _____

Telephone Number: _____

Company 4: _____

Dates of Employment: _____

Address: _____

City, State, ZIP: _____

Supervisor: _____

Telephone Number: _____

(Attach additional sheets if necessary)

V. INCLUDE WITH APPLICATION:

- A. Written proof applicant is not a minor.
- B. Statement from medical doctor certifying applicant has been examined and found free of communicable disease within thirty (30) days of application date.
- C. Copy of High School Diploma, GED, or degree.
- D. List of all training and education pursuant to work and services to be provided, including name and address of institution attended, dates of attendance, degrees or certifications earned, and credit hours completed.
- E. Official transcript showing training and education, including practical theory, for the following:
 - 1. Laws and rules
 - 2. Bacteriology
 - 3. Sanitation and sterilization
 - 4. Anatomy and physiology
 - 5. Endocrinology
 - 6. Equipment/supplies
 - 7. Basic color theory/pigments
 - 8. Structure, dynamics, and diseases of the skin and hair
 - 9. Anatomy for piercers

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V. INCLUDE WITH APPLICATION (Continued):

10. Insurance
11. Circulatory and nervous systems
12. Draping and positioning
13. Professional ethics and business
14. Needles
15. Tattoo machines
16. Safety, sanitization and sterilization
17. Skin diseases, disorders and conditions
18. Client handling
19. Body piercing techniques
20. CPR
21. Piercing and bedside manner

Note: Minimum of 600 hours training and education required for Tattoo Establishment license.

- F. List of all current memberships, lengths of membership, and membership numbers in associations and organizations addressing services regulated by §§13-125 – 13-152 including, but not limited to such organizations as The Association of Professional Piercers (APP), The Alliance of Professional Tattooists (APT), and the Society of Permanent Cosmetic Professionals (SPCP).
- G. Documentation of successful completion of Indiana Occupational Safety and Health Administration blood borne pathogen standards training program.
- H. List of all persons to provide services at proposed establishment, including name, address, telephone number and Practitioner's License number for each. In addition, verify each person:
 1. Has met the minimal training requirements in order to be considered for a Tattoo Establishment License, with the lack thereof to be considered an inability.
 2. Has not been convicted of a felony.
 3. Is not a known drug user or alcohol abuser.
 4. Has not been determined by a licensed physician to be mentally incompetent.
- I. Diagram of proposed establishment depicting, among other things, locations of all work stations, restroom facilities, points of ingress/egress, operatory areas, infectious waste storage areas, and waiting areas.
- J. Proposed hours of operation.
- K. Proposed schedule of fees, which shall be posted prominently in the establishment.
- L. Certificate of Insurance verifying:
 1. \$500,000 minimum liability insurance coverage for injury as a result of any one occurrence.
 2. \$1,000,000 minimum public liability insurance coverage for accidental bodily injury, including death, to any member of the public as a result of any one occurrence.

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V. INCLUDE WITH APPLICATION (Continued):

Insurance policy to contain the following provision: “The City of South Bend, through the Office of the City Controller, will be given fifteen (15) business days’ notice prior to the effective date of cancellation or other material change to this policy.”

M. Copies of proposed pre-service information and aftercare instructions to be used.

N. Proposed written policies to be used, in compliance with Municipal Code Sections 13-125 – 13-152 and Indiana Occupational Safety and Health Administration's blood borne pathogens standard that:

1. Require the use of universal precautions when performing any service regulated by Article 13 that includes any reasonably anticipated skin, eye, mucous membrane or parental contact with blood or OPIM.
2. Includes the safe and effective handling of infectious waste; and,
3. Provides sanctions, including discipline and dismissal, if warranted, for any employee who fails to use universal precautions and/or handle infectious waste in a safe and effective manner.

O. Copy of proposed infectious waste containment policies to be utilized, as well as copy of proposed policies addressing treatment and transportation of infectious waste.

VI. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

VII. AFFIRMATION

I, hereby, certify and affirm that all of the information I have given in this application is true and accurate to the best of my knowledge. I further certify that I have in no way attempted to mislead the City in this application by omitting facts known to me. I agree to cooperate with any review conducted pursuant to the licensing procedures, including permission to enter and inspect the place of business and facilities in conjunction with such a review. I have read and understand the regulations Tattoo Establishments and Technicians found in the City of South Bend Municipal Code, Sections 13-125 – 13-152.

Signature

Date

PLEASE NOTE: Filing of new application for license does NOT authorize conducting Tattoo Artist Business until such license has actually been issued to applicant.