



**City of Wentzville, Missouri
Application to Operate a Tattooing,
Branding or Body Piercing
Establishment**

**No additional fee for this application; all fees paid at the time of application
for a Business License and/or Occupancy Permit**

Renewal New

Business name: _____ Phone No. _____

Business address: _____
No. Street City State Zip Code

***New Business: Applicant shall submit a scale drawing and floor plan of the
proposed establishment for a plan review by the Health Official as part of the
license application process.***

Location must be verified by City Planner for proper zoning district

Owners name: _____

Home address: _____
No. Street City State Zip Code

Home phone no. _____ Phone (other): _____

Owners Place & DOB: _____ SS. No. _____

Height: _____ Weight: _____ Sex: _____ Eye Color: _____ Hair Color: _____

Term of license : _____ through February 28/29, 200

Any convictions of health law violations? _____ If yes, explain: _____

Hours of Operation: _____ a.m./p.m. to _____ a.m./p.m.

Please provide a complete description of all tattoo and/or body piercing and/or branding
services to be provided: _____

Please provide an exact inventory of all equipment to be utilized in the process of tattooing or body piercing; including names of manufacturers, and serial numbers (if any) of the equipment: _____

Please provide the names of all current employees and their exact duties.

Is this business a partnership? Yes No

If yes, please provide the names and resident addresses of each of the partners, whether general or limited and designating which.

Is this a Corporation? Yes No

If yes, please provide the names and resident addresses of all of its officers, directors, shareholders, and the name of its resident agent for the purposes of service.

Statement of Understanding: I have read and fully understand all of the following requirements set forth in the attached code of the City of Wentzville. I agree that I will comply with all said requirements. I further understand that submitting this application does not guarantee issuance of a license to operate a tattoo establishment.

Signature of Owner

Date

Planning & Zoning: I hereby verify that subject premises comply with planning and zoning regulations.		
_____ <i>City Planner</i>	_____ <i>Date</i>	_____ <i>Zoning District</i>

