

CITY OF WHITING
TATTOO & BODY PIERCING REGISTRATION LICENSE APPLICATION
YEAR _____
(TO BE COMPLETED BY OWNER/MANAGER OF ESTABLISHMENT)

APPLICANT INFORMATION

Applicant's Name

Social Security Number

Home Address

Home Phone Number

City, State, Zip

Cellular Phone Number &/or Pager Number

GENERAL BUSINESS INFORMATION

Business Name

Business Phone Number

Business Address

Fax Number

City, State, Zip

E-mail Address

IN State Tax Number or Federal I.D. # (**Must be Included**) _____

Type of Operation: _____ Sole Proprietor _____ Partnership _____ Corporation

If Corporation: _____

(FULL NAME AND PRINCIPAL PLACE OF BUSINESS)

_____ Attach list of Officers, Directors, and Managers

Operating Days and Hours:

DETAILED BUSINESS INFORMATION

Manager's Name

Home Phone Number

Home Address

Emergency Phone Number

City, State, Zip

E-mail Address

Employees:

_____ Attach list with name, address, and telephone number of all employees, agents, or individuals who will be working at the location.

MISCELLANEOUS INFORMATION

Qualifications:

_____ Attach qualifications of application and/or owner in operating, maintained or conducting a tattoo and/or body piercing establishments and dates and locations of previous operations, if any.

Documentation of IOSHA Bloodborne Pathogen Standard:

_____ Attach written documentation indicating that applicant has successfully completed the training program required under the requirements of the Indiana Occupational Safety and Health Administration's bloodborne pathogen standard.

Statement of Prior Criminal Record:

_____ Attach limited criminal history from law enforcement agency where applicant resides

Layout of Operation and Number of Workstations:

_____ Attach drawing to scale showing the layout of the business
_____ Number of workstations

Lake County Indiana Health Department Certification:

_____ Attach certificate of inspection or correspondence from the Lake County Indiana Health Department

I hereby attest that I will not do, authorize or permit any act to be done in violation of the laws of the United States of America, the laws of the State of Indiana or the Ordinances of the City of Whiting, Indiana in or about my place of business. All of the answers made by me in the foregoing questions are true and are submitted for the purpose of procuring a license from the City of Whiting, Indiana to operate a lawful business.

Applicant's Signature

Date

License Fee: \$150.00

**Mail to: City of Whiting
Clerk-Treasurer
P.O. Box 230
Whiting, IN 46394
www.whitingindiana.com**

FOR INTERNAL USE ONLY

ZONING ADMINSTRATOR REVIEW:

BY: _____
NAME, TITLE
COMPLETED ON: _____ APPROVE: _____ DENY: _____
If denied, cite Whiting Municipal Code authority: _____

WHITING FIRE INSPECTOR REVIEW:

BY: _____
NAME, TITLE
COMPLETED ON: _____ APPROVE: _____ DENY: _____
If denied, cite Fire Code authority: _____

WHITING ELECTRICAL INSPECTION:

BY: _____
NAME, TITLE
COMPLETED ON: _____ APPROVE: _____ DENY: _____
If denied, cite Whiting Municipal/Electrical Code authority: _____

WHITING BUILDING DEPARTMENT INSPECTION:

BY: _____
NAME, TITLE
COMPLETED ON: _____ APPROVE: _____ DENY: _____
If denied, cite Whiting Municipal/Building Code authority: _____

APPROVED ON THE _____ DAY OF _____, 200____,
BY THE CITY OF WHITING BOARD OF PUBLIC WORKS AND SAFETY.

PRESIDENT

MEMBER

MEMBER

ATTEST: _____
CLERK-TREASURER