

CITY OF NEWPORT, RHODE ISLAND
APPLICATION FOR TATTOOING LICENSE

DATE: _____

NEW ____ RENEWAL ____

PARLOR ____ OWNER/OPERATOR ____ INDIVIDUAL ARTIST ____

NAME: _____
(individual, partnership, corporation)

ADDRESS: _____ TELEPHONE NO. _____
(legal)

ADDRESS: _____ TELEPHONE NO. _____
(local)

PLACE OF BIRTH: _____ BIRTH DATE: _____ AGE: _____

If Partnership, name and address of all partners or If Corporation, name and address of all officers and stockholders:
NAME(S) ADDRESS(ES)

Does the applicant or any person with an interest in the business of the applicant have any arrest record?
Circle One: NO YES (see ATTACHMENT) If Yes, Attach a Complete list of all prior arrests and all convictions (whether felonies or misdemeanors) of any party.

ADDRESS OF BUSINESS: _____

D/B/A OF BUSINESS: _____

TELEPHONE NO. OF BUSINESS: _____

Signature of Applicant: _____

Sworn and subscribed to before me this ____ day of _____, 20__.

NOTARY PUBLIC. My Commission Expires _____

~~~~~OFFICE USE ONLY~~~~~

HEALTH DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Filing Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ License Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

License Issued by: \_\_\_\_\_ Date Issued: \_\_\_\_\_

ACTION BY COUNCIL \_\_\_\_\_ ACTION DATE: \_\_\_\_\_