City of Aurora

Revenue & Collection Dept. 44 E. Downer Place Aurora, IL 60507-2067 (630)256-3571 fax (630)256-3569



Tattoo, Establishment Information

License Number

Tattoo Establishment License Application

Business Name: Paradise	Toutton Shan	
Address: 559 Nigh	st Aurora ill 60	505
Phone Number:		
Days and Hours of Operation:	landay to Sunday	
9:00am to	9:00 pm	
	•	
Operator/Application Name(s):, [Operator/Applicant Information	-
Resident Address:	0 1//	avias
Mailing Address(if different):	aurora illir	10/1S 60806
Email Address:		·ſ
Date of Birth:		
Date of Birtil.		
F	Please provide a list of all Employe	29
	PPY OF BODY ART LICENSE IS REQU	
Legal Name	Address:	Telephone Number:
Enrique J Barraza		
Jesse Gelaga	Aurora ill 60506	
	Aurora ill 60505	
<u>Firm, Company, P</u>	artnership, Corporation or Associa	ntion Information
Legal Name:	Date of Incorporation/	
Object for Organization:	Date of Charter:	
Legal Name, Address, and	d Phone Number of all officers, dire	ectors, and stockholders:
Name	Address:	Telephone Number:
	9	

MEKEBA CARTER Official Seal Notary Public - State of Illinois My Commission Expires Mar 21, 2027 My Commission Expires Mar 21, 2027		
Length of time in this business: Has your Body Art license ever been revoked or suspended? OYes No If yes, please explain the reason for the suspension/revocation, and any remedial action taken: This application shall be accompanied by the following: (1) Payment in full of: (a) Five hundred dollars (\$500.00) of an original application; or (b) Two hundred fifty dollars (\$250.00) for a renewal application, in which the fee shall not be refundable under any circumstance; (2) A copy of a Certificate of Registration with the Illinois Dept. of Public Health and a Certificate of inspection with compliance by the county health department. (3) A copy of the professional liability insurance in the amount of at least one hundred thousand dollars (\$100,000.00). Least the amount of a least one hundred thousand dollars (\$100,000.00). Application is true and correct. I understand that any false or misleading information provided herein may result in the denial or revocation of said license. See 3 2024 Date Signature of Owner/ Manager Signature of Owner/ Manager Signature of Owner/ Manager Signature of Owner/ Manager My Commission Expires Mar 21, 2027 My Commission Expires Mar 21, 2027 My Commission Expires Mar 21, 2027	Additional Business Information	
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My Commission Expires Mar 21, 2027 My Commission Expires Mar 21, 2027 FOR OFFICE USE ONLY	Official Seal Notary Signature	
My Commission Expires Much 21, 3027 FOR OFFICE USE ONLY	Notary Public - State of Hillions	
		1,2027
teceived by: Date: Time:	FOR OFFICE USE ONLY	
	Received by: Date: Time:	
○ APPROVED ○ DENIED Date:		

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statues and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DR. SAMEER VOHRA

Issued under the authority of The State of Illinois Department of Public Health

04/30/2025

License, Permit, Certification or Registration ID NUMBER

15051

BODY ART ESTABLISHMENT REGISTRATION Permanent

Facility Number 14746
Body Art Stations: 2

BUSINESS ADDRESS

PARADISE TATTOO SHOP 559 High ST Aurora, IL 60505

West Chicago / Kane