

City of Aurora

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



License Number

Tattoo Establishment License Application

Tattoo Establishment Information

Business Name: Paradise Tattoo Shop
Address: 559 N. 1st St Aurora, IL 60505
Phone Number: [REDACTED]
Days and Hours of Operation: Monday to Sunday
9:00am to 9:00pm

Operator/Applicant Information

Operator/Application Name(s): Brandon Rodriguez Farias
Resident Address: [REDACTED] Aurora Illinois 60506
Mailing Address(if different): [REDACTED]
Email Address: [REDACTED]
Date of Birth: [REDACTED]

Please provide a list of all Employees

A COPY OF BODY ART LICENSE IS REQUIRED

Legal Name	Address:	Telephone Number:
<u>Enrique J Barrera</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u>Jesse Gelaya</u>	<u>Aurora, IL 60506</u>	<u>[REDACTED]</u>
	<u>[REDACTED]</u>	
	<u>Aurora, IL 60505</u>	

Firm, Company, Partnership, Corporation or Association Information

Legal Name: _____ Date of Incorporation/ Formation: _____
Object for Organization: _____ Date of Charter: _____

Legal Name, Address, and Phone Number of all officers, directors, and stockholders:

Name	Address:	Telephone Number:

Additional Business Information

List and describe all services to be provided at the location: Permanent Body Art.

Length of time in this business:

Has your Body Art license ever been revoked or suspended? ☐ Yes ☒ 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).

I, Brandon Rodriguez hereby certify that the above information is true and correct. I understand that any false or misleading information provided herein may result in the denial or revocation of said license.

Sep 3 2024
Date

[Redacted Signature]
Signature of Owner/ Manager

State of Illinois
County of Kane

This document was acknowledged before me on Sept. 3, 2024 (Date).

[Seal]



[Redacted Signature]
Notary Signature

My Commission Expires March 21, 2027

FOR OFFICE USE ONLY

Received by: _____	Date: _____	Time: _____
<input type="radio"/> APPROVED	<input type="radio"/> 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 Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DR. SAMEER VOHRA
DIRECTOR

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

EXPIRATION DATE 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