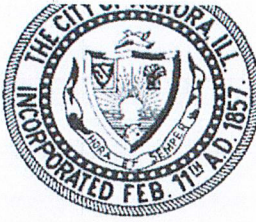


City of Aurora
Revenue & Collection Dept.
44 E. Downer Place
Aurora, IL 60507-2067
(630)256-3571 fax (630)256-3569



Tattoo Establishment License Application

TATP- [REDACTED]

Tattoo Establishment Information

Business Name: 1ST CLASS INC.

Address: 4450 Westbrook Dr suits 100 and 201, Aurora, IL 60504

Phone Number: [REDACTED]

Days and Hours of Operation:

Monday to Sunday, 10AM to 10PM

Operator/Applicant Information

Operator/Application Name(s): Roman Iesypov

Resident Address: [REDACTED]

Mailing Address(if different):

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:

Alena Dobrynina

(CERTIF:170691092537006)

[REDACTED]
Darien IL 60561

Viktorii Vasileva

(CERTIF:172218201380763)

[REDACTED]
Aurora IL 60505

Alina Grushetskaia

(CERTIF:171729748311742)

[REDACTED]
IL 60153-3203

Firm, Company, Partnership, Corporation or Association Information

Legal Name: 1st Class INC

Date of Incorporation/ Formation: 02/06/2024

Object for Organization: Tattoo Parlor

Date of Charter: 02/06/2024

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

Name

Address:

Telephone Number:

Roman Iesypov
Alena Dobrynina

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

List and describe all services to be provided at the location:

Professional Tattoo services only

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Has your Body Art license ever been revoked or suspended?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, Roman Iesypov 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.

01/14/2025

Date

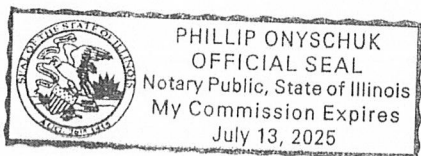
Signature of Owner/Manager

State of Illinois

County of Cook

This document was acknowledged before me on 1-14-2025 (Date).

[Seal]



Phillip Onyschuk
Notary Signature

My Commission Expires 7-13-2025

FOR OFFICE USE ONLY

Received by: [Signature]

Date: 1/14/25

Time: 4:11pm

☐ APPROVED

☐ DENIED

Date: _____

* Pending avail. license + IDHP cert.