





**Additional Business Information**

List and describe all services to be provided at the location: Body art, tattoos

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Has your Body Art license ever been revoked or suspended?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

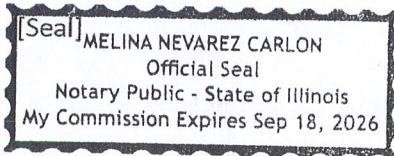
I, Brandon Rodriguez hereby certify that the above information is true and correct. I understand that any false or misleading information provided herein may result in the denial or revocation of said license.

Jan 6 2025  
Date

[Signature]  
Signature of Owner/ Manager

State of Kan Illinois  
County of Kane

This document was acknowledged before me on 1/6/2025 (Date).



[Signature]  
Notary Signature

My Commission Expires 9-18-26

**FOR OFFICE USE ONLY**

Received by DB Date: 1/6/25 Time: 3:21 pm

☐ APPROVED

☐ DENIED

Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/02/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Todd Hayes Berkshire Hathaway Direct Insurance Company PO Box 1668 Wilkes-Barre, PA, 18703-1668	<b>CONTACT</b> <b>NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL</b> ADDRESS: todd.hayes@threeinsurance.com	<b>FAX</b> (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: Berkshire Hathaway Direct Insurance Company	10391
<b>INSURED</b> PARADISE TATTOO SHOP 261 E Indian Trl Aurora, IL 60505	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					PIL56C6QZX	01/03/2025	01/03/2026	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000					
					MED EXP (Any one person)	\$5,000					
					PERSONAL & ADV INJURY	\$1,000,000					
					GENERAL AGGREGATE	\$3,000,000					
					PRODUCTS - COMP/OP AGG	SEE GENERAL AGGREGATE					
	<input checked="" type="checkbox"/>	POLICY	PRO-JECT	LOC							\$
		OTHER									
	AUTOMOBILE LIABILITY					PIL56C6QZX	01/03/2025	01/03/2026	COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO			BODILY INJURY (Per person)				\$		
		OWNED AUTOS ONLY		SCHEDULED AUTOS	BODILY INJURY (Per accident)				\$		
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY	<input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)				\$		
					HIRED AND NON - OWNED				\$1,000,000 / \$3,000,000		
	UMBRELLA LIAB								EACH OCCURRENCE		
	EXCESS LIAB								AGGREGATE	\$	
	DED		RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE	OTHER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT		\$
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE		\$
									E.L. DISEASE - POLICY LIMIT		\$
A					OCCUR				PER OCCUR/AGGREGATE		\$1,000,000 / \$3,000,000
		Errors & Omissions			<input checked="" type="checkbox"/>		PIL56C6QZX	01/03/2025	01/03/2026		
		CYBER			<input checked="" type="checkbox"/>				PER OCCUR/AGGREGATE		\$1,000,000 / \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

PARADISE TATTOO SHOP  
261 E Indian Trl  
Aurora, IL 60505

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# 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 <b>04/30/2025</b>	License, Permit, Certification or Registration ID NUMBER <b>15051</b>
<b>BODY ART ESTABLISHMENT REGISTRATION</b> <b>Permanent</b> Facility Number <b>14746</b> Body Art Stations: <b>5</b>	

### BUSINESS ADDRESS

**PARADISE TATTOO SHOP**  
**261 E Indian Trail RD**  
**Aurora, IL 60505**

**West Chicago / Kane**



# Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:

**Bloodborne Pathogens**  
Infectious Disease Control  
Best Practices / Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

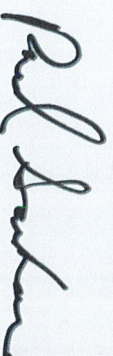
**Brandon Rodriguez**

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 1 year. Course administered in accordance with the **2020** ECC/ILCOR and AHA guidelines. ID#: **A7D51326**

Completion: **March 19, 2024**

Instructor: **Paul J. Scruton**

Signature:



COURSE PROVIDED BY:

**NationalCPRFoundation™**





# Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:

**Bloodborne Pathogens**  
Infectious Disease Control  
Best Practices / Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

**Gabriel Barron**

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 1 year. Course administered in accordance with the **2020** ECC/ILCOR and AHA guidelines. ID#: **EB4EDB**

Completion: **August 9, 2024**

Instructor: **Paul J. Scruton**

Signature:



COURSE PROVIDED BY:  
**National CPR Foundation™**



# Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:  
**Bloodborne Pathogens**  
Infectious Disease Control  
Best Practices / Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

**Jesse Celaya**

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 1 year. Course administered in accordance with the **2020** ECC/ILCOR and AHA guidelines. ID#: **23766BFA**

Completion: **August 8, 2024**

Instructor: **Paul J. Scruton**

Signature:



COURSE PROVIDED BY:  
**National CPR Foundation™**



# Certificate of Completion

*This is to certify that*

**ENRIQUE J BARRAZA II**

*has completed an approved online training in*

## **BLOODBORNE PATHOGENS EXPOSURE CONTROL TRAINING FOR BODY ART PRACTITIONERS**

*In accordance with the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030*

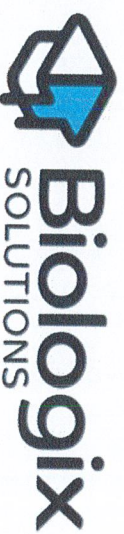
Course Completion Date: **September 3, 2024**  
(Expires 1 year from the date issued)

Contact Hours: **3**

**Approved by Major States and City Health Departments:** Alabama Department of Health, Alaska Board of Barbers and Hairdressers, California Counties (major counties), Denver Department of Health, South Carolina Department of Health and Environmental Control, Iowa Department of Health, Louisiana Department of Health – Food and Drug Unit, Minnesota Department of Health, Washington State Dept. of Licensing, Oregon Health Licensing Agency (2011-67), Philadelphia Department of Health, Hawaii State Department of Health and many more. Please visit <https://blxtraining.com/accreditations/> for the complete list of approvals.

Certificate: 66D76F8D01606

  
Biologix Solutions LLC



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[www.blxtraining.com](http://www.blxtraining.com) | [admin@blxtraining.com](mailto:admin@blxtraining.com)