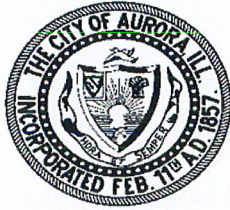


**City of Aurora**  
 Revenue & Collection Dept.  
 44 E. Downer Place  
 Aurora, IL 60507-2067  
 (630)256-3571 fax (630)256-3569



[Redacted]

License Number

**Tattoo Establishment  
 License Application**

<u>Tattoo Establishment Information</u>
Business Name: The Inkery Tattoo Studio Aurora
Address: 1161 N Farnsworth Ave, Aurora, IL 60505 Suite B
Phone Number: 630-518-0075
Days and Hours of Operation: Tuesday - Sunday 11am - 7pm

<u>Operator/Applicant Information</u>
Operator/Application Name(s): Gordon M. Nielsen Jr.
Resident Address: [Redacted]
Mailing Address(if different):
Email Address: [Redacted]
Date of Birth: [Redacted]

<u>Please provide a list of all Employees</u>		
<i>*A COPY OF BODY ART LICENSE IS REQUIRED*</i>		
Legal Name	Address:	Telephone Number:
Chris Pollock	[Redacted]	[Redacted]
Logan Sipma Dysico	[Redacted]	[Redacted]

<u>Firm, Company, Partnership, Corporation or Association Information</u>	
Legal Name: The Inkery Inc.	Date of Incorporation/ Formation: 09/2016
Object for Organization: S-Corp	Date of Charter:
<u>Legal Name, Address, and Phone Number of all officers, directors, and stockholders:</u>	
Name	Address:
Gordon M. Nielsen Jr.	[Redacted]

**Additional Business Information**

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

Length of time in this business: 8 Years

Has your Body Art license ever been revoked or suspended?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, Gordon M. Nielsen Jr. 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.

2-11-25

Date

[Signature]

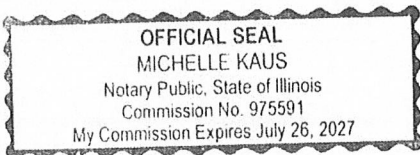
Signature of Owner/ Manager

State of ILLINOIS

County of KANE

This document was acknowledged before me on 2-11-2025 (Date).

[Seal]



Michelle Kaus

Notary Signature

My Commission Expires 07/26/2027

**FOR OFFICE USE ONLY**

Received by: DJ Date: 2/11/25 Time: 10:53am

APPROVED

DENIED

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

Pending availability of license only. LZ 3/13/25