

**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: LEON'S ART CO.

Address: 1161 N. Farnsworth Ave. Unit B Aurora, IL 60505

Phone Number: (630) 450-5888

Days and Hours of Operation:  
Tuesday - Sunday 12pm - 9:30 pm

Operator/Applicant Information

Operator/Application Name(s): Alfredo Leon Martinez

Resident Address: [REDACTED] Aurora IL. 60505

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>Alfredo Leon</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

Firm, Company, Partnership, Corporation or Association Information

Legal Name: Leon's Art Co. Date of Incorporation/ Formation: March-10-2023

Object for Organization: financial Date of Charter:  

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

Name	Address:	Telephone Number:
<u>Alfredo Leon</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

**Additional Business Information**

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

Tattoo / body Art

Length of time in this business: 4 years

Has your Body Art license ever been revoked or suspended?  Yes  No

If so, 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
- (3) A copy of the professional liability insurance in the amount of at least one hundred thousand dollars (\$100,000.00)

I, Alfredo Leon 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.

3-6-26

Date

Alfredo Leon  
Signature of Owner/ Manager

State of IL  
County of KANE

This document was acknowledged before me on 03/06/26 (Date).



[Signature]  
Notary Signature

My Commission Expires: NOV 25, 2029

**FOR OFFICE USE ONLY**

Received by: [Signature] Date: 3/26/26 Time: \_\_\_\_\_

APPROVED  DENIED By: \_\_\_\_\_ Date: \_\_\_\_\_