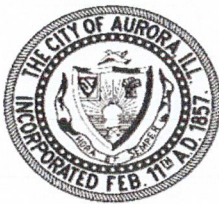


City of Aurora
 Revenue & Collection Dept.
 44 E. Downer Place
 Aurora, IL 60507-2067
 (630)256-3571 fax (630)256-3569



License Number

**Tattoo Establishment
 License Application**

<u>Tattoo Establishment Information</u>	
Business Name:	Paradise tattoo shop
Address:	#A 559 High st Aurora ill 60503
Phone Number:	[REDACTED]
Days and Hours of Operation:	monday to friday 9:00am to 8:00pm Saturday and sunday 10:00am to 7:00pm.

<u>Operator/Applicant Information</u>	
Operator/Application Name(s):	[REDACTED]
Resident Address:	Aurora, Illinois 60503
Mailing Address(if different):	auroraparadisetattoo@gmail.com
Email Address:	
Date of Birth:	[REDACTED]

<u>Please provide a list of all Employees</u>		
A COPY OF BODY ART LICENSE IS REQUIRED		
Legal Name	Address:	Telephone Number:
Self		

<u>Firm, Company, Partnership, Corporation or Association Information</u>		
Legal Name:	Date of Incorporation/ Formation:	
Object for Organization:	Date of Charter:	
<u>Legal Name, Address, and Phone Number of all officers, directors, and stockholders:</u>		
Name	Address:	Telephone Number:

Additional Business Information

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

tattooing services.

Length of time in this business: NA

Has your Body Art license ever been revoked or suspended?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, [REDACTED] 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.

03-29-2024
Date

[Signature]
Signature of Owner/ Manager

State of Illinois
County of Kane

This document was acknowledged before me on March 29, 2024 (Date).

[Seal]



[Signature]
Notary Signature

My Commission Expires Feb 01, 2027

FOR OFFICE USE ONLY

Received by [Signature] Date: 3/29/24 Time: 4pm
 APPROVED DENIED Date: _____