

Section 1: Applicant

To be completed by the owner, each general partner and, in the case of corporation, by each manager, proprietor or any other individual or agent in charge of this licensed premises.

1. Establishment where employed _____ Phone (_____) _____
 Address _____
Street City County State Zip

2. Name _____ Phone (_____) _____
Last First Full middle Maiden name
 Address _____
Street City County State Zip

3. Height _____ Weight _____ Color of hair _____ Color of eyes _____

4. Place of birth _____ Date of birth _____

5. **Are you a U.S. citizen?** *If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/employment status.* Yes No

6. **Have you ever used or been known by a name or names other than the name given above?** Yes No
If yes, list such name(s) and information concerning dates and places used.

7. **Address(es) at which you have lived during the preceding five years.**

Street City County State Zip

Street City County State Zip

Street City County State Zip

8. **Name, address and type of every business and occupation you have engaged in during the preceding five years.**

9. **Name and address of every employer and partner, if any, for the preceding five years.**

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10. Have you ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense? If yes, provide the time, place and offense. Yes No

11. Have you ever been engaged in the operation of body art services? If yes, furnish name, place and length of time of the involvement in such an establishment. Yes No

12. Do you currently hold a body art license from another governmental unit? If yes, furnish name, address and contact information. Yes No

13. Have you ever had a body art license denied from any other governmental unit? If yes, furnish date, place and reason. Yes No

Notice and notarized signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (Minnesota Statute 364.03). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Bloomington to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application complies with the licensing and zoning ordinances.

X _____
Applicant signature

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____, 20 _____.
Commission expires on _____.

Notary signature