



TATTOO AND BODY PIERCING ESTABLISHMENT LICENSE APPLICATION

Community Services

405-670-7314

3701 SE 15th Street

Del City OK 73115

www.cityofdelcity.com

Fax: 405-670-7368

APPLICANT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: Daytime: _____ Cell: _____

E-MAIL ADDRESS: _____

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

PLEASE CHECK THE LICENSE BOX YOU ARE APPLYING FOR AND SUBMIT THE APPROPRIATE FEE(S):

	<u>NEW</u>	<u>RENEWAL</u>
1. <input type="checkbox"/> Tattoo & Body Piercing Facility	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$250.00 (If within 30 days)

- For Renewals, the City of Del City must have license on file from previous year. License must be renewed yearly.
- The City of Del City requires two (2) photographs be submitted and a copy of the applicant's current driver's license.
- The City of Del City requires every Tattoo and Body Piercing Establishment to hold a current license with the City of Del City.**

APPLICANT'S SIGNATURE: _____

DATE: _____

FOR STAFF USE ONLY:

VERIFIED THE FOLLOWING INFO IS INCLUDED WITH APPLICATION:

APPROVE STATE LICENSE: _____

PROOF OF HOURS OF OPERATION: _____

APPROVED PLAN FOR DISPOSAL OF
HAZARDOUS SUBSTANCES: _____

PHOTO OF ALL SIGNAGE: _____

LICENSE NO: _____

INFO ENTERED: _____

INFO VERIFIED: _____

TOTAL FEES (\$): _____

RECEIPT NO: _____

APPLICANT CERTIFICATIONS

I certify that the information contained in this form, and in any attachments thereto, is complete, true, and accurate. _____ (initial)

I certify that I have read Ordinance No. 1303, Regulations for Tattoo and Body Piercing Establishments. _____ (initial)

I understand that city regulations provide for restrictive hours of operation (no later than 8pm) and limited signage (not to exceed 4 sq. feet.). _____ (initial)

I understand that engaging in this use may not be permitted or may require a Special Use Permit in certain zoning districts. _____ (initial)

Furthermore, I realize that the City may conduct further background investigations. _____ (initial)

I understand that, by submitting this application, I agree to comply with all adopted codes and applicable laws/ordinances. _____ (initial)

I understand that any noncompliance with license regulations may result in closure of the business until full compliance is achieved. _____ (initial)

I understand that any person or persons violating a provision of the Ordinance are subject to further action, including criminal prosecution. I understand that the penalty for failing to comply with the Ordinance may be a fine not to exceed seven hundred fifty (\$750.00) dollars plus court costs and / or up to sixty (60) days in jail. _____ (initial)

I hereby submit this application for a Tattoo and Body Piercing Establishment.

Applicant Signature

Date

Before me, the undersigned, a Notary Public in and for the State of Oklahoma, on this _____ day of _____, 20____, personally appeared _____ to me known to be the identical person (s) who executed the within and foregoing instrument, and acknowledged to me that (s) he / they executed the same as his / her / their free and voluntary act and deed for the uses and purposes therein set forth.

Notary Public

(seal)

My commission expires on the _____ day of _____, 20_____.