TATTOOING, BRANDING OR PIERCING OPERATOR APPLICATION

Email - The completed application can be emailed to Kathryn.Bowman@wentzvillemo.org

Or can be mailed/dropped off at:

City Hall – 1001 Schroeder Creek Blvd. Wentzville, MO 63385 (636) 327-5101

☐ New ☐ Renewal ☐ Application Fee $5

☐ Applicant must be at least 18 years of age.

☐ Applicant to provide current photograph (or copy of photo ID).

☐ Applicant must provide a copy of tattoo license issued by Director of the Division of Professional Registration of the State of Missouri.

Name of proposed place of employment where he/she will be will be working as a tattoo operator, body piercing operator or branding operator.

Business Name: _____

Business Address:_____ Local Phone: _____

Mailing Address:_____

Business Email Address:_____

Applicant Name: _____

Applicant Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address:_____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Color of hair: _____ Color of eyes: _____ Sex: _____

Length of residence _____(years). *If less than three years please list residences for the last three years.*

Address: _____

Date of Residence: _____ to _____

Address: _____

Date of Residence: _____ to _____

Address: _____

Date of Residence: _____ to _____

Names and addresses of Employers for last three years, including job/employment description for each position held:

Business Name: _____

Business Address:_____ Phone: _____

Mailing Address:_____

Business Email Address:_____

Dates of Employment: _____

Job Description: _____

_____

_____

Business Name: _____

Business Address:_____ Phone: _____

Mailing Address:_____

Business Email Address:_____

Dates of Employment: _____

Job Description: _____

_____

_____

_____

Business Name: _____

Business Address:_____ Phone: _____

Mailing Address:_____

Business Email Address:_____

Dates of Employment: _____

Job Description: _____

_____

_____

_____

Please list all training and/or experience (minimum of six months required) in a legally operated establishment in Missouri or another state:

Business Name: _____

Business Address:_____ Phone#: _____

Business Email Address:_____

Dates of Employment: _____

Business Name: _____

Business Address:_____ Phone#: _____

Business Email Address:_____

Dates of Employment: _____

Business Name: _____

Business Address:_____ Phone#: _____

Business Email Address:_____

Dates of Employment: _____

Business Name: _____

Business Address:_____ Phone#: _____

Business Email Address:_____

Dates of Employment: _____

Statement of Understanding:

I have read and fully understand all of the following requirements set forth in the attached code of the City of Wentzville. I agree that I will comply with all said requirements. I further understand that submitting this application does not guarantee issuance of license.

I, _____ (**print name**) hereby testify that the above information is correct, valid and truthful.

_____ _____

Signature of Applicant Date

FOR OFFICE USE ONLY

Receipt: _____ Business License#:_____

Term of License:_____ through _____

_____ _____

Signature Date