



Tattoo Establishment Information Sheet

Two Original Applications

Please write legibly in **BLACK** ink or type information. Answer all questions appropriately and in detail. Applications must be signed, dated, and notarized.

Personal History Form

Complete one Personal History Form.

Lease or Valid Document

Shows applicant has legal access to proposed premises (deed, sublease, rental agreement, letter of intent).

Photographs

Two (2) passport photos - size 2X2

Corporate Papers

Attach a copy of corporate charter and by laws which have been properly signed by the Secretary of State and the registered agent(s) for the corporation. List all percentages held and the title of each officer on the application.

Letters of Reference

May be furnished by any three (3) persons who have known the applicant (agent) for at least three (3) years. Include name, address & phone number.

Financial Investments

All applicants must furnish, at time of filing, documentation of all financial investments pertaining to the business operation. (If documents are bank statements, the six months immediately preceding the investment are required).

Fees

Application Fee: \$50.00

Fingerprint Fee: \$20.00

Permit Fee: \$150.00

Payment for fees will be accepted only in the form of a cashier's check or money order. All application fees are non-refundable. The following money orders will NOT be accepted: Fidelity Express, United One, and US Express. Funds must be on three separate money orders/cashier's checks in the amounts listed above.

If there are any questions concerning the completion of these applications or to make an appointment to file the applications, please call the License and Permits Office at (404) 546-4470. Appointments are taken on Monday, Tuesday, and Wednesday.



CITY OF ATLANTA
 3493 Donald Lee Hollowell Parkway N.W.
 Atlanta, Georgia 30331

TATTOO ESTABLISHMENT APPLICATION

1. Is applicant: Sole Proprietorship Partnership Corporation

2. (A) Legal name of business: _____

(B) Operating / Trade name of business: _____

3. Type of Business: _____

Business Address: _____

Street Address

City	State	Zip Code
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4. Business telephone number(s): _____

5. Full name of applicant: _____

6. Full name of licensee / agent: _____

Residence address: _____

Street Address

City	County	State
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Date of Birth: _____

Home telephone #: _____ Business telephone #: _____

7. Licensee/Agent business Occupation(s), Business Interest(s), and/or Employer(s) for the past ten (10) years:

Company	Address (City & State)	Position	Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. If corporation of partnership, indicate the following for all Officers, members of Board of Directors, Trustees, Trustees and Principal Stockholders; If partnership, Include all Partners: Name, Address, DOB, SSN, Position and Interest.

9. State the amount and source of money that has or will be invested by each individual who has an interest in the business. If a corporation or partnership, list each individual separately.

10. List any other individual(s) or Firm(s) owing any interest in or receiving any funds from the operation of the business:

11. List owner of Property where business is to be located:

If property rented, amount and manner in which rent is determined:

12. Does Licensee/Agent, Manger or any Partner(s) or any Corporation Officer or Board member or any Principal Shareholder or Trustee have, within the past five (5) years, any conviction for the violation of any Federal, State, or Local law(s), Ordinance(s), or Regulation(s), or does said person(s) have current proceedings pending for any violation of any Federal, State, or Local Laws, Ordinance or Regulation?

(For the purpose of this question, the term "CONVICTION" shall include an Adjudication of Guilty, a plea or Nolo Contendere, or Forfeiture of a bond).

Person Charged	Date	Offense	Location (City, State)	Disposition

13. Describe nature and character of business: (Be specific)

14. Have you read and fully understand the City of Atlanta Ordinances, State laws and Regulations governing the operation of a Tattoo Establishment?

() Yes () No

I _____, being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement is made herein that such answers were made in order to procure the granting of such license.

Signature of Licensee/Agent

Sworn to and subscribed before me this _____ day of _____ 20 _____.

Notary Public

Signature and Title of person other than Licensee/Agent filling out this application

(_____) _____
Telephone Number

Investigator: _____

Date Received: __



LICENSE AND PERMITS UNIT
3493 DONALD LEE HOLLOWELL PARKWAY
ATLANTA, GEORGIA 30331

ATLANTA POLICE DEPARTMENT PERSONAL HISTORY RECORD

PERMIT TYPE: _____ DATE: _____

Name in FULL (Please Print) _____ Date: _____

Address: _____ Telephone: _____

Place of Birth _____ Date of Birth: _____ Age: _____
(City, State) (Day, Month, Year)

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Social Security Number: _____ Driver's License # _____

Have you been convicted of any law? () Yes () No Federal: _____ Foreign Country: _____
State Law: _____ City Ordinance: _____ if so, explain: _____

List names and addresses of employers for the past three (3) years: _____

Marital Status: _____ Spouse's Name: _____

Finger printed by: _____ Applicant Signature: _____

Date: _____

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CRIMINAL HISTORY CONSENT

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? () Yes () No
Date of Occurrence: _____ City: _____ State: _____
Disposition: _____ Explain: _____

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF CITY ORDINANCE 106-90. _____

(SIGNATURE)

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath as an applicant for a(n) _____
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from
License & permits [name of government entity], the undersigned applicant
verifies one of the following with respect to my application for a public benefit:

1)

_____ I am a United States Citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and
Nationality Act with an alien number issued by the Department of
Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other
Federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older
and has provided at least one secure and verifiable document, as required by O.C.G.A.
§ 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who
knowingly and willfully makes a false, fictitious, or fraudulent statement or
representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and
face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1.

Please check only one:

(A) _____ On January 1st of the below signed year, the individual, firm, or corporation employed more than ten (10) employees.

(A) _____ On January 1st of the below signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If the employer selected Section1(A), please fill out Section 2 below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

**CITY OF ATLANTA POLICE DEPARTMENT
3493 Donald Lee Hollowell Parkway
Atlanta, Georgia 30331**

TATTOO ESTABLISHMENT APPLICATION

All applications must be typed or legibly printed in black ink. Each question must be answered completely and correctly. If the space provided herein is not sufficient, attach additional information. Applications must be signed, dated notarized and filed in the License and Permits Office. This department is located at 3493 Donald Lee Hollowell Parkway Atl., Ga. All requirements pursuant to Atlanta City Code including § 30-29 & § 30-30 must be met.

1. Is applicant: () Sole Proprietorship () Partnership () Corporation
2. (A) Legal name of business: _____
(B) Operating / Trade name of business: _____
3. Type of Business: _____
Location of Business: _____ City
_____ State _____
4. Business Telephone Number(s): _____
5. Full name of Applicant: _____
6. Full name of licensee / agent: _____
Residence address: _____

City County State
DOB _____
Telephone number: Home _____ Business _____
7. Licensee/Agent business Occupation(s), Business Interest(s), and/or Employer(s) for the past ten (10) years:

Company	Address (City & State)	Position	Interest
8. If corporation of partnership, indicate the following for all Officers, members of Board of Directors, Trustees, Trustees and Principal Stockholders; If partnership, Include all Partners: Name, Address, DOB, SSN, Position and Interest.

14. State the amount and source of money that has or will be invested by each individual who has an interest in the business. If a corporation or partnership, list each individual separately.

15. List any other individual(s) or Firm(s) owing any interest in or receiving any funds from the operation of the business:

16. List owner of Property where business is to be located:

If property rented, amount and manner in which rent is determined:

17. Does Licensee/Agent, Manger or any Partner(s) or any Corporation Officer or Board member or any Principal Shareholder or Trustee have, within the past five (5) years, any conviction for the violation of any Federal, State, or Local law(s), Ordinance(s), or Regulation(s), or does said person(s) have current proceedings pending for any violation of any Federal, State, or Local Laws, Ordinance or Regulation?

(For the purpose of this question, the term "CONVICTION" shall include an Adjudication of Guilty, a plea or Nolo Contendere, or Forfeiture of a bond).

Person Charged	Date	Offense	Location (City, State)	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. Describe nature and character of business: (Be specific)

14. Have you read and fully understand the City of Atlanta Ordinances, State laws and Regulations governing the operation of a Tattoo Establishment?

() Yes () No

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I _____, being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement is made herein that such answers were made in order to procure the granting of such license.

Signature of Licensee/Agent

Sworn to and subscribed before me this _____ day of _____ 20 _____.

Notary Public

Signature and Title of person other than Licensee/Agent filling out this application

(_____)_____
Telephone Number

Investigator: _____

Date Received: _____

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize CITY OF ATLANTA
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing below I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my tenure as agent, independent contractor, or member of this establishment.

Signature

Date