



APPLICATION FOR BODY PIERCING BUSINESS LICENSE  
(Chapter 4.84 of the Sioux City Municipal Code)

The application fee of \$100 for a new or renewal license is due with application.

1. Body Piercing Business Name: \_\_\_\_\_

2. Applicant's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

SS #: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Are you?
- an individual (complete Section A and Section D)
  - a partnership (complete Sections B and Section D)
  - a corporation or limited liability company (complete Sections C and Section D)

Section A. Individuals

1) Legal name: \_\_\_\_\_

2) All names and/or aliases you have used in the last five years:

\_\_\_\_\_

3) Current business or mailing address: \_\_\_\_\_

\_\_\_\_\_

4) You must be 18 years of age to obtain a Body Piercing Business License. Attach proof of age (current driver's license or copy of birth certificate accompanied by a photo identification document issued by a government agency)

5) Location of business:

Street address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Phone number: \_\_\_\_\_

Legal description of property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) You must attach a sketch or diagram showing the configuration and total floor space of the premises. The sketch need not be professional but must be drawn to scale and be accurate to plus or minus 6 inches.

**Section B. Partnerships**

1) Full name of Partnership: \_\_\_\_\_

2) Identify all persons with an influential interest, including all names/aliases used by them in the last five years:

\_\_\_\_\_  
\_\_\_\_\_

3) Current business or mailing address and Social Security Number of each person identified in Partnership:

\_\_\_\_\_ SS #: \_\_\_\_\_

\_\_\_\_\_ SS #: \_\_\_\_\_

4) You must be 18 years of age to obtain a Body Piercing Business License. For each person listed above, attach proof of age (current driver's license or copy of birth certificate accompanied by a photo identification document issued by a government agency)

5) Location of business:

Street address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Phone number: \_\_\_\_\_

Legal description of property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6) You must attach a sketch or diagram showing the configuration and total floor space of the premises. The sketch need not be professional but must be drawn to scale and be accurate to plus or minus 6 inches.

**Section C. Corporations**

1) Full Name of Corporation or LLC, State in which incorporated or organized, and Date of incorporation/organization:

Name: \_\_\_\_\_

State: \_\_\_\_\_ Date: \_\_\_\_\_

2) Identify all persons with an influential interest, including all names/aliases used by them in the last five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Current business or mailing address and Social Security Number of each person identified in Corporation:

\_\_\_\_\_  
SS #: \_\_\_\_\_  
\_\_\_\_\_  
SS #: \_\_\_\_\_  
\_\_\_\_\_  
SS #: \_\_\_\_\_

4) **You must be 18 years of age to obtain a Body Piercing Business License.** For each person listed above, attach proof of age (current driver's license or copy of birth certificate accompanied by a photo identification document issued by a government agency)

5) Location of business:

Street address: \_\_\_\_\_  
Mailing address (if different): \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Legal description of property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) You must attach a sketch or diagram showing the configuration and total floor space of the premises. The sketch need not be professional but must be drawn to scale and be accurate to plus or minus 6 inches.

**Section D.** Name and business address of the statutory agent or other agent authorized to receive service of process:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In the last five (5) years has any person identified on this application been convicted of, or released from confinement for the conviction of a specified criminal activity as defined in Chapter 4.84.010(3)? Includes but not limited to: vice offenses (Iowa Code Ch 725); obscenity offenses (Iowa Code Ch 728); controlled substances offenses (Iowa Code Ch 124, Div IV).

Yes  No If yes, name of the person and the charge convicted of: \_\_\_\_\_  
\_\_\_\_\_  
Date of conviction: \_\_\_\_\_  
Place of conviction: \_\_\_\_\_  
Date of release from confinement: \_\_\_\_\_

5. In the last five (5) years has any person identified on this application had an influential interest in a Body Piercing business that, at the time the person had such interest, been declared by a court of law to be a nuisance or had such a business subject to an order of closure or padlocking?  Yes  No

If yes, name of the person and name of the business: \_\_\_\_\_

City, County, State where such business is/was located: \_\_\_\_\_

Date of court order: \_\_\_\_\_

**6. Certification:** By signing the following, I/we agree to and certify:

- To supplement the information contained in this application within ten (10) business days of any change in application information.
- That the information contained herein is true, complete and correct.

This application must be signed by each individual identified on the application, in the presence of a Notary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF	_____
COUNTY OF	_____ SS
On this _____ day of _____ 20 _____ the undersigned personally appeared before me, a Notary Public in and for said State, to me known to be the identical persons named and who executed the foregoing application.	
_____, Notary Public	

**FOR CITY USE ONLY**

New Application		Renewal		\$100 Fee Collected		Temporary 30-day Approval Date	
P.D. Approval Date		Legal Approval Date		Inspection Passed? Failed?			
Issue Date		License #:		Expiration Date:			

*The City of Sioux City does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. Individuals who need auxiliary aids for effective communication in programs and services of the City of Sioux City are invited to make their needs and preferences known to the ADA Compliance Officer, City Hall, 405 6<sup>th</sup> Street, Room 204, (712) 279-6259. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990.*

**Attach additional sheets as necessary to provide complete information.**