



APPLICATION
BODY PIERCING ARTIST PERMIT
(Chapter 4.84 of Sioux City Municipal Code)

Office Use Only:
License No.
Exp Date:

A nonrefundable application fee of \$40 for an annual permit is due with application.

Date

Applicant's Full Name: First Middle Last

Address: Street Apt No City/State Zip Code

Phone(s): SSN:

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

Height: Weight: Eyes: Hair: Date of Birth:

Proposed Employer: Phone Number:

Employment history for the last 3 years; include employer, city, state and length of employment:

Previous address(es) if not at the current address for 3 years:

Street Apt No City/State Zip Code
Street Apt No City/State Zip Code

All other names or aliases used in the past three years:

List all permits and licenses held (currently or previously) in any city, county, state, or territory in the past five years:

Have any of the above permits and/or licenses been revoked or suspended in the last five years? Yes No

If yes, explain the exact charge and the location of the charge:

- List all criminal convictions including City ordinance violations; exception: minor traffic offenses:

Date	Place	Charge	Sentence
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Date	Place	Charge	Sentence
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- First Aid Training and Blood Borne Pathogens Training are required for this permit; list the place and date of completion of both trainings and attach proof of certification.

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- Describe knowledge of or training in cross contamination prevention, anatomy, sterilization, after care, and safe piercing practices and techniques. Attach written proof of completion of classes or training in these areas. (i.e. certificate of completion from classes or signed statement from employer detailing training in these areas)

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- I, the undersigned, do hereby solemnly swear true and complete answers have been made to all questions in the foregoing application; and do hereby agree and warrant if granted a permit will obey all of the rules and regulations applicable thereto of Chapter 4.84 of Sioux City Municipal Code.
- I also agree to give written notification of any change in the information provided within 24 hours of said change.
- Further, I have received a copy of the ordinance regulating body piercing artist permits and have read said ordinance.

Signature of Applicant

Date

**Note: The \$40 application fee for a Body Piercing Artist Permit is nonrefundable; all Body Piercing Artist Permits expire on June 30th of each year unless sooner suspended or revoked.**

**FOR CITY USE ONLY**

New Application:		Renewal:		\$40 Fee Collected:		Date Filed:	
P.D. Approval Date:		Permit No:		Issue 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.*