



**Village of Jackson**

Payment _____
Date Rec'd _____
Receipt # _____
Copy to P.D. _____

**Application for License to Administer Tattoos and/or Body Piercing**

I hereby apply for a license, from hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), to apply Tattoos and/or do Body Piercing, subject to the limitations imposed by Section 252 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations (Federal, State, Local) affecting the administering of Tattoos and/or Body Piercing, if a license is granted to me. I have paid the **\$50.00** license fee to the Village of Jackson for this license. All Fees are Non-Refundable.

→ Answer the following questions carefully. Incomplete applications will not be considered.

- Name \_\_\_\_\_  
 First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_
- Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_
- Previous names used \_\_\_\_\_
- Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_
- If you have resided in another state since age 18, please list: \_\_\_\_\_
- Where will you work? \_\_\_\_\_
- List Any Pending and or existing Citations, Tickets, or Criminal Charges.

**List Any PENDING Citations, Tickets, or Criminal Charges**

YEAR	LOCATION	CHARGE

**List All Citations, Tickets, or Criminal CONVICTIONS** excluding parking tickets.

Attach additional sheets, if necessary.

YEAR	LOCATION	CHARGE

8. Read and Sign below:

**My signature certifies that all of my responses are true to the best of my knowledge. I also authorize the Jackson Police Department to obtain criminal history and driver record data pertaining to me from any Federal, State, and/or Local agency deemed necessary by the department. This release is executed as part of my application and it's understood that any information collected shall be used only in consideration of my application. If approved, my license will be issued and mailed within seven days of board approval. All fees are non-refundable.**

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Police Chief's Recommendation:

Approve

Approve with Conditions- See attached

Deny- See attached

\_\_\_\_\_  
Jed M. Dolnick, Chief of Police