

CITY OF CUMBERLAND
Tattoo Establishment License Application

Application Fee: \$25

BUSINESS NAME: _____

Phone: _____ Email Address: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

BUSINESS OWNER: _____

Date of Birth: _____ Phone: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MANAGER/OPERATOR: _____

Date of Birth: _____ Phone: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PROPERTY OWNER: _____

Phone: _____ Email Address: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Have any of the listed individuals been convicted of a crime/offense other than a traffic offense? Yes ___ No ___
If yes, list name(s), circumstances, and year(s) of violation(s): _____

By signing below, I accept that my license is subject to revocation by the Common Council of the City of Cumberland—upon conviction of any of the provisions of City Ordinances regulating my business—and that my application fee will not be refunded if my application is denied for any reason.

Signature

Date

Print Name

FOR OFFICE USE ONLY

Annual License Period: July 1, 20__ through June 30, 20__ License No. _____

Police Chief Approval _____ Date _____

Barron County DHHS License No. _____ Date _____

Total Paid _____ Receipt No. _____ CC Mtg Date _____ Date Issued _____

Remit to CITY CLERK'S OFFICE with application fee made payable to City of Cumberland, 950 1st Avenue, Cumberland, WI 54829.