



**Application for Tattoo Establishment Permit
City of Boonville, Missouri
License Year January 1 – December 31**

Expires December 31, _____ Date of Application _____

License Fee -----**\$100.00**

Full Name of Applicant: _____

Applicant's Address: _____

Email: _____

Business Phone: _____ Cell Phone: _____

Business is Owned By (check mark one): Individual Firm Corporation Partnership

Include Names & Addresses of All Partners:

Establishment's Name: _____

Establishment's Location Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Type of Establishment: _____

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND ACCURATE.

Return to the City of Boonville, 401 Main Street, Boonville MO 65233

Telephone: (660)882-2332 Fax: (660)882-6608 Email: Business.license@boonville-mo.org

Print Name: _____

Signature of applicant: _____ Date: _____

Please return this Application along with your required forms, and your remittance of the appropriate Business License Fee payable to the City of Boonville.

Approved by Health Inspector: _____ Date: _____