



City of Jefferson
Department of Planning & Protective Services
320 E. McCarty Street
Jefferson City, MO 65101
Phone: 573-634-6410
jcplanning@jeffcitymo.org
www.jeffersoncitymo.gov

Body Art Establishment Permit Application

Business Name: _____

Business Address _____ Phone # _____

Applicant's Name: _____

Applicant's Address _____ Phone # _____

List name & birth date of individuals who will engage in the practice of body art:

Brief description of the place or location at which the business is to be conducted:

List manufacturer, model number, model year, and serial number, where applicable, of the autoclave used in the establishment:

I agree to abide by the laws, ordinances and regulations pertaining to Jefferson City Code Chapter 15 Article IV Tattooing and have read and understood the requirements of these regulations.

As a condition of receiving this permit, the applicant hereby consents to allow auditing of the applicant's books and records for the purpose of verifying compliance with the provisions of the ordinances.

SIGNATURE _____ DATE _____

Individuals should contact the ADA Coordinator at 573-634-6570 to request accommodations or alternate formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.