



# APPLICATION FOR BODY ART TECHNICIAN

Moline Code of Ordinance 9-1100

Annual License –Expires April 30th

## SEC. 9-2102. BODY ART TECHNICIAN LICENSE REQUIREMENTS.

(a) Prior to filing an application for a body art technician license required by this chapter, the applicant shall be photographed and fingerprinted by the Moline Police Department, said fingerprinting to be used in connection with obtaining the applicant's criminal history information from the Illinois Department of State Police pursuant to the Illinois Uniform Conviction Information Act (20 ILCS 2635/1 *et seq.*) and amendments thereto.

(b) Every applicant for a body art technician license shall submit an application to the health officer providing the applicant's: (1) name; (2) date of birth; (3) gender; (4) residence address; (5) mailing address; (6) home and work phone numbers; (7) any and all previous place(s) of employment as a technician; and (8) training and experience in body art procedures. The applicant shall also provide a statement as to whether the applicant has ever been convicted, pleaded *nolo contendere* to, or is currently charged with committing, by indictment or information, any felony violation or offense or any crime of moral turpitude, and as to each such conviction, plea or charge, the applicant shall provide the conviction or plea date if applicable, the case number, the nature of the felony offense or crime of moral turpitude and the name and location of the court or other adjudicative body. The applicant must sign a fully executed waiver on a form prescribed by the City to obtain criminal conviction information based upon fingerprint identification pursuant to the Illinois Uniform Conviction Information Act (20 ILCS 2635/1 *et seq.*) and amendments thereto.

(c) The application shall be verified by oath or affidavit as to the veracity of all statements made on or in connection with the application and any attachments thereto. It shall be unlawful for an applicant to provide incorrect or false information in connection with a license application.

(d) Applicants must be eighteen (18) years of age or older.

(e) Applicants must achieve a score of eighty (80) percent or greater on a written examination given the applicant by the health officer, demonstrating knowledge of the following:

- (1) anatomy;
- (2) skin diseases, disorders, and conditions, including diabetes;
- (3) infectious disease control, including waste disposal and hand washing techniques;
- (4) sanitization, disinfection, sterilization methods, and operation of equipment; and
- (5) knowledge and practice of "Universal Precautions," or later editions, as published by the Centers for Disease Control and Prevention.

(f) All applicants must furnish to the health officer written proof of completion of the Hepatitis B vaccination series or written documentation that the applicant declined the series prior to the issuance of a body art technician license.

(g) Applicants must demonstrate proof of satisfactory completion within the past three (3) years of:

- (1) American Red Cross course on Preventing Disease Transmission;
- (2) OSHA course on Bloodborne Pathogen Training. Equivalent training provided by professional body art organizations or equipment manufacturers shall be accepted as sufficient to meet this requirement.

(h) No body art technician license shall be issued pursuant to this chapter to:

- (1) A person who has been convicted of a felony under any federal or state law, or who has refused to appear and forfeited bond after having been arrested for such felony or has been convicted of any crime involving moral turpitude;
- (2) A person whose license issued under this chapter has been revoked for cause;
- (3) A person who at the time of application for renewal of his or her body art technician license issued pursuant to this chapter would not be eligible for the license upon a first application;
- (4) A person who has unlawfully performed body art procedures without first obtaining a body art technician license as provided in this chapter.

(i) Prior to the City's receipt of criminal history information from the Illinois Department of State Police pursuant to statute, the health officer may grant a body art establishment or technician license, contingent upon the license holder's lack of criminal history which would otherwise preclude the issuance of such license. If the criminal history check discloses adverse criminal history as set forth in this chapter, the health authority shall immediately reclaim the contingent license and deny the application.

(j) Upon determination that the applicant meets the minimum requirements set forth herein, the health officer shall issue a body art technician license to the applicant.

(k) The annual fee for a body art technician license is fifty dollars (\$50.00), which shall be due and payable to the City's accounts and finance office by certified check and which is in addition to any fees due to the State of Illinois pursuant to the Act). **The fingerprinting fee is thirty dollars (30.00) for inked prints and ninety dollars (\$90.00) for digital prints.**

(l) **Exception:** Any individual who is a student of a bona fide body art-training program shall be exempt from the body art technician licensing requirements set forth in this chapter for up to thirty (30) days total while enrolled and practicing the application of permanent body art as a student in said training program. (Ord. No. 3011-2009; new section (l) enacted; 04/21/09)

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

List all previous places of employment as a Technician:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

List any training and experience in body art procedures:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with a crime? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

I hereby verify that the information on this application is true and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants must submit application to the City of Moline, Finance Office, 1630 – 8<sup>th</sup> Avenue, Moline, IL 61265, with payment of the license fee of fifty dollars (\$50.00). Applicants will also pay a fingerprinting fee of thirty dollars (30.00) for inked prints or ninety dollars (\$90.00) for digital prints when fingerprinting is done by police department.

Checklist of items to be submitting with the application:

- 1) Form from the Police Department verifying fingerprinting was processed.
- 2) Form documenting Hepatitis B series was completed.
- 3) Form documenting a course on Blood borne Pathogen Training was completed.
- 4) Form documenting the body art establishment has a valid license.
- 5) Signature from Health Officer approving the application for licensing.

Health Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ZONING REVIEW:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied**

**Zoning Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Return to Finance Department for processing of license.*

**Please return signed form, along with remittance to:**

**City of Moline**  
1630 8<sup>TH</sup> Avenue  
Moline, IL 61265  
309-524-2070



**CITY OF MOLINE**  
**BACKGROUND INVESTIGATION**  
**RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, am applying for (circle one- Liquor Body Art Massage License) and do hereby authorize a review of and full Disclosure of all records concerning myself to any duly authorized agent of the Moline Police Department, whether the said records are of public, private or confidential nature.

I authorize to be photographed and fingerprinted by the Moline Police Department, said fingerprinting will be used in connection with obtaining my criminal history information from the Illinois Department of State Police pursuant to the Illinois Uniform Conviction Information Act (20 ILCS 2635/1 *et seq.*) and amendments thereto. The Moline Police Department will provide a copy of my criminal history results pursuant to the Illinois Uniform Conviction Information Act (20 ILCS 2635/7-A2 *et seq.*) and within 7 working days of receiving a copy, I shall have the obligation and responsibility to notify the Moline Police Department if the information is inaccurate or incomplete.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for application. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Moline from any and all liability, which may be incurred as a result of collecting such information.

**I hereby swear/affirm that all information in or supplementing this application is complete, true and accurate to the best of my knowledge. I understand that providing false, misleading or incomplete information on this application is grounds for my license revocation if discovered subsequent to licensing.**

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "Background Investigation Release of Personal Information."

Applicant Information			
<b>Name</b>	Click or tap here to enter text.	<b>Date of Birth:</b>	Click or tap here to enter text.
<b>Address</b>	Click or tap here to enter text.	<b>Phone #</b>	Click or tap here to enter text.
<b>Signature</b>	_____	<b>Date</b>	Click or tap to enter a date.

**APPLICANT CRIMINAL HISTORY QUESTIONS**

**The City of Moline may disqualify individuals during the background check investigation if:** a person is not of good character and reputation in the community in which such person resides, a person is not a citizen of the United States: a person who has been convicted of a felony under any federal or state law, a person who has been convicted of any crime or misdemeanor involving moral turpitude, unless the local liquor control commissioner determines that such person has been sufficiently rehabilitated to warrant the public trust after considering matters set forth in such person's application and the commissioner's investigation, the burden of proof of sufficient rehabilitation shall be on the applicant.

**The applicant must answer if they have either been charged or convicted of the following criminal offenses listed below:**

<b>Criminal Offense</b>	<b>YES</b>	<b>NO</b>	<b>Criminal Offense</b>	<b>YES</b>	<b>NO</b>
First or Second Degree Murder	<input type="checkbox"/>	<input type="checkbox"/>	Indecent Solicitation of a Child	<input type="checkbox"/>	<input type="checkbox"/>
Treason	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of a Child	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Battery	<input type="checkbox"/>	<input type="checkbox"/>	Soliciting for a Prostitute	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Arson or Arson	<input type="checkbox"/>	<input type="checkbox"/>	Keeping a Place of Prostitution	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>	<input type="checkbox"/>
Burglary or Residential Burglary	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Prostitute	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Kidnapping or Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Pimping	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Assault	<input type="checkbox"/>	<input type="checkbox"/>	Aiding Escape	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Offering a Bribe	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Criminal Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	Simulating Legal Process	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	Deceptive Practices	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Battery	<input type="checkbox"/>	<input type="checkbox"/>	Theft (Misdemeanor or Felony)	<input type="checkbox"/>	<input type="checkbox"/>
Impersonation of Police Officer, Veterans or any Charitable Organizations				<input type="checkbox"/>	<input type="checkbox"/>
Resisting or Obstructing a Peace Officer or Correctional Institution Employee				<input type="checkbox"/>	<input type="checkbox"/>
Escape; Failure to Report to a Penal Institution or to Report for Periodic Imprisonment				<input type="checkbox"/>	<input type="checkbox"/>
Harassment of Representatives for the Child, Jurors, Witnesses, or Others				<input type="checkbox"/>	<input type="checkbox"/>
Delivery or Possession of any Narcotics/ Dangerous Drug				<input type="checkbox"/>	<input type="checkbox"/>
Manufacture or Delivery of Cannabis				<input type="checkbox"/>	<input type="checkbox"/>
Delivery of Cannabis on School Grounds				<input type="checkbox"/>	<input type="checkbox"/>
Any gambling offense as prescribed by 720 ILCS 5/28-1 through 720 ILCS 5/28-9				<input type="checkbox"/>	<input type="checkbox"/>
Any felony crime which involves the use or threat of physical force or violence against any individual.				<input type="checkbox"/>	<input type="checkbox"/>
A misdemeanor or licensing ordinance violation from any jurisdiction, based upon conduct related to the business for which the business license was applied.				<input type="checkbox"/>	<input type="checkbox"/>

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_