

**City of Warwick  
Permanent Make-up License**

**LICENSE FEE \$150.00**

**Expires: 12/31/13**

NAME OF APPLICANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

**Please Provide Your Email Address:** \_\_\_\_\_

HAS APPLICANT EVER BEEN ARRESTED? YES \_\_\_\_\_ NO \_\_\_\_\_

HAS OFFICER/MEMBER OF CORP. EVER BEEN ARRESTED? YES \_\_\_\_\_ NO \_\_\_\_\_

HAS APPLICANT EVER BEEN INDICTED FOR ANY OFFENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAS OFFICER/MEMBER OF CORP. EVER BEEN INDICTED FOR  
ANY OFFENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF ANSWER IS "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HEREBY STATE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE  
BEST OF MY KNOWLEDGE.

APPLICANT'S  
SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

**Should your business close for any reason, your license must be surrendered to the Licensing Division**

**ENCLOSE A COPY OF THE CURRENT TATTOO LICENSE FROM THE RI DEPARTMENT  
OF HEALTH**

**PER CITY ORDINANCE: APPLICANT MUST HAVE ON STAFF A PERSON OR PERSONS  
LICENSED AS A TATTOO ARTIST BY THE R.I. DEPT. OF HEALTH WHO WILL BE THE ONLY  
PERSON (S) AUTHORIZED TO APPLY THE PERMANENT MAKE-UP.**

OFFICE USE ONLY:  
APPROVED BY BOARD OF PUBLIC SAFETY ON: \_\_\_\_\_