



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR A TEMPORARY ESTABLISHMENT**  
**LICENSE – TO BE COMPLETED BY OPERATOR**

OFFICE OF TATTOOING, BODY PIERCING AND BRANDING  
 3605 MISSOURI BOULEVARD  
 PO BOX 1335  
 JEFFERSON CITY, MO 65102-1335  
 TELEPHONE: (573) 526-8288  
 FAX: (573) 526-3489

**INSTRUCTIONS**

- Please read this form before completing. This form must be typed or printed in black ink.
- An application for a temporary establishment license shall be submitted to the Office of Tattooing, Body Piercing and Branding at least thirty (30) days **prior** to the event.
- Provide complete information. Incomplete information will delay review of your application.
- Enclose the appropriate application fee (listed below) made payable to the Office of Tattooing, Body Piercing and Branding.
- A temporary establishment license may be issued upon successful completion of an inspection, are issued on a **per event** basis and cannot be valid for more than fourteen (14) consecutive days and is nontransferable.
- **ALL FEES ARE NONREFUNDABLE.**
- Pursuant to §324.024, RSMo, disclosure of your social security number (SSN) is mandatory. The board will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclosure your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The board can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the board to provide your SSN to child support and tax compliance officials.

**THIS APPLICATION IS BEING SUBMITTED FOR TEMPORARY ESTABLISHMENT LICENSE AS A**

- \$100 TEMPORARY TATTOO ESTABLISHMENT
- \$100 TEMPORARY BODY PIERCING ESTABLISHMENT
- \$100 TEMPORARY BODY BRANDING ESTABLISHMENT
- \$100 TEMPORARY COMBINED ESTABLISHMENT (Please check the appropriate categories below.)
  - TATTOOING       BODY PIERCING       BODY BRANDING

NAME (FIRST, MIDDLE, LAST) OF TEMPORARY ESTABLISHMENT OPERATOR		MISSOURI LICENSE NUMBER
SOCIAL SECURITY NUMBER	NAME OF TEMPORARY ESTABLISHMENT	NAME OF SPECIFIED EVENT
ADDRESS (STREET, CITY, STATE, ZIP) OF TEMPORARY ESTABLISHMENT		TELEPHONE NUMBER

DATES OF EVENT (MM/DD/YY): **LICENSE CANNOT BE ISSUED FOR MORE THAN 14 CONSECUTIVE DAYS**

FROM \_\_\_\_\_ TO \_\_\_\_\_

**LIST OF ALL PRACTITIONERS WHO WILL BE WORKING AT THE TEMPORARY ESTABLISHMENT (ATTACH ADDITIONAL PAGES IF NECESSARY)**

NAME	MISSOURI LICENSE NO. (If licensed in another state, provide the license number and indicate which state.)

**IMPORTANT: EXPLANATIONS REQUIRED TO THE FOLLOWING QUESTIONS MUST BE ON A SEPARATE SHEET AND SIGNED BY YOU BEFORE A NOTARY PUBLIC.**

	YES	NO
1. Has any owner of this establishment ever been convicted, adjudged guilty by a court, pleaded guilty or pleaded nolo contendere to any crime (excluding traffic violations)? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any owner of this establishment ever had his/her tattooing, body piercing or branding license disciplined for any cause? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any owner of this establishment ever been an owner of a tattooing, body piercing or branding business which has had its license disciplined? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any owner of this establishment ever been the subject of discipline before any state board? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

*False statements are subject to criminal penalties and/or license discipline.*

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200  
or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).

**SWORN AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn upon my oath, state as follows: That I have personally completed the foregoing application truthfully and completely, without omission;

That all the information and answers contained in the foregoing application and any attachments thereof are true and correct to the best of my knowledge and belief;

**That I further understand that if the temporary establishment does not pass inspection that I will not be issued a temporary license and that I will be notified in writing of the reason(s) for denial; and**

That I realize that I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under section 575.050, RSMo.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>		