

Tattoo/Body Piercing License Application

For the city of Grand Island, Nebraska

-Please print or type-

Check License type:

- Annual - \$112 (May 1 – April 30)
-

Establishment Name: _____

Owner of Business: _____

Establishment Street Address: _____

Establishment Mailing Address: _____

Telephone: (____) _____

Signature: _____ Date: _____

.....

Inspector's use only ___ Approved ___ Not Approved

Comments: _____

Office use only: Date ___/___/___ Paid \$ _____ Ck# _____ Receipt _____
Int _____