WASHINGTON STATE DEPARTMENT OF LICENSING

Artist Shop, Artist Mobile Unit, or Event Location Application

[redacted]

20941-APPLICATIONS

Apply for, renew, or reinstate an artist shop, artist mobile unit, or artist event license.

Online: **https://professions.dol.wa.gov**

Or mail this completed form and a check or money order (payable to the Department of Licensing) to:

Tattoo, Body Art, Body Piercing Program
Department of Licensing
PO Box 3856
Seattle, WA 98124-3856

For questions or language help call: (360) 664-6660

We cannot issue your license if your application is incomplete.

What you will need to complete this application:
- Active UBI number from Business Licensing Service (bls.dor.wa.gov/file.aspx)
- Insurance policy information

Application type *(check one):*

☐ New or expired over one year application – **$330 per location**
☐ Renewal application – **$330 per location**
☐ Late renewal application – **$440 per location**
☐ Add location for shop, mobile unit, or event – **$330 for each additional location**
☐ Change location for shop – **$0 to change location**

Licenses are available for self-printing with an online account.
If you want us to print and mail your license add a $5 print fee for each copy to your payment.
☐ $0 self-print license online.
☐ $5 each. DOL print and mail license. Quantity_____ Total $_____

License type *(a payment is required for each license type):*

☐ Artist Shop – services are performed in any building, structure, or any part of these
☐ Artist Mobile Unit – services are performed in a mobile structure
☐ Artist Event – services are performed in a convention or event space for a designated and temporary amount of time
Event dates: _____ to _____ Number of artists: _____ Number of booths: _____

Applicant information

PRINT or TYPE Name (*Last, First, Middle*)		Professional license number *(if applicable)*
(Area code) Phone number	Date of birth *(mm/dd/yyyy)*	Social Security number*
Military? *(check if applicable)* Current or former: ☐ Military member ☐ Military spouse or domestic partner		

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

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Company information

Business name			UBI/UBI Business ID/UBI Location ID (16 digits)
DBA or artist shop name			License number *(renewals only)*
Mailing address			
City	State	ZIP code	County
Physical address			
City	State	ZIP code	County
Email	(Area code) Phone number		
Type of business ☐ Sole proprietor ☐ Partnership ☐ Corporation ☐ LLC			

Insurance (required)

Name of insurance company	Policy number
Expiration date	(Area code) Office phone number

Answer the following

1. Do you have a current certificate of insurance showing not less than $100,000 for public liability insurance for combined bodily injury and property damage? . . . . . ☐ Yes ☐ No
2. Do you agree to provide us with documentation to support these statements if we request it? . . . . . ☐ Yes ☐ No

Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? . . . . . ☐ Yes ☐ No
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) . . . . . ☐ Yes ☐ No

I certify under penalty of perjury under the law of Washington that the foregoing is true and correct.

PRINT or TYPE Name of sole proprietor or person authorized to sign

Date and place

X

Signature of sole proprietor or person authorized to sign

Providing false information in this application may be cause for denial, suspension, or revocation of your professional license in the state of Washington.

RCW 18.235; 18.300.070(1)(g); 18.300.070(4)