

BODY ART FACILITY RENEWAL NOTICE

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

TWO-YEAR RENEWAL 04/01/13 to 03/31/15

**YOUR LICENSE TO OPERATE A BODY ART FACILITY EXPIRES
 March 31, 2015**

FEE NOW DUE: \$150.00 LICENSE #: _____

Facility Name	
Owner Name	
Address	
City/State/Zip	

EXPIRATION & ADMINISTRATIVE PENALTY: If this completed renewal notice and the renewal fee are not submitted or **POSTMARKED** on before **March 31, 2015**, YOUR FACILITY LICENSE **WILL EXPIRE**. If your license EXPIRES, you will no longer be authorized to provide body art services at this location. To resume operation you must reapply and obtain a new facility license.

NOTICE: An individual who operates a body art facility after the expiration of the facility license is subject to an administrative penalty of \$10 per day up to \$1,000 or such other action as provided in the statutes and regulations governing the license.

Make fee payable to: Licensure Unit (you will NOT receive a receipt). YOU MUST RETURN THIS NOTICE WITH YOUR FEE

Facility Information: You must complete the following: Telephone #: _____

Is the name of your Facility correct? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, print the new name below:
Is the owner correct? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, this license cannot be renewed and a new application must be made unless the owner name of a sole proprietorship has changed due to marriage, divorce or legal court order please print the correction below and provide a photocopy of the document attesting to the change:
Is the address listed above correct? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, this license cannot be renewed and a new application, fee and a completed self-inspection must be submitted before we can issue you a new license to operate under a different address. If this is an address correction, please state that the change is merely a 'correction' and a change of location has <u>NOT</u> occurred.

Facility Closed: If you have closed your Facility or plan to close your Facility in the near future, print the date of closing (Our records will be updated accordingly). A renewal fee is not required for a Facility closing **before** 04/01/2015:

Date closed/closing: _____

Sole Proprietorship Attestation: (Sole Owner must complete this attestation) I hereby state that I am the person making application, I am of good character, and the statements on this application are true and complete.

For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the owner must attest as follows:

- I am a citizen of the United States.
- I am a qualified alien under the Federal Immigration and Nationality Act. My immigration and alien number are as follows: _____ and I agree to

attach a copy of my USCIS documentation, which includes one of the following:

- A Green Card, otherwise known as a Permanent Resident Card (Form I-551);
- Unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- Alien Registration Number (A#) - An Employment Authorization Card is **NOT** acceptable; or
- Form I-94 (Arrival-Departure Record).

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Social Security Number:

If you are the sole owner of the Facility, you must list your Social Security Number: _____

Signature of Owner: _____

Date: _____

Partnership, Company, Corporation, or Governmental Unit Attestation: (If you are NOT the Sole Owner, this attestation must be completed)

I attest that I am the person(s) making this renewal application and the statements on this application are true and complete. Place a check mark in the appropriate box below and the application must be signed and dated:

- 1. The owners if the applicant is a partnership (all partners must sign) OR the owner if the applicant is a limited liability company that has only one member;
- 2. Two of its members if the applicant is a limited liability company that has more than one member;
- 3. Two of its officers if the applicant is a corporation;
- 4. The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
- 5. If the applicant is not an entity described in 1 through 4 above, the owner or owners or, if there is no owner, the chief executive officer or comparable official.

Signature of Owner: _____

Date: _____

Signature of Owner: _____

Date: _____