

# RENEWAL NOTICE BODY ART FACILITY

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

Your License To Operate A Body Art Facility **EXPIRES March 31, 2017.**

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, 2017**, 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 MUST RETURN THIS NOTICE WITH YOUR FEE**

**Facility Information:** You must complete the following:

Has the name of your facility changed?	<input type="checkbox"/> yes <input type="checkbox"/> no    If yes, print the new name below:
Has the name of the owner changed? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, 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:
Has the address changed? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, 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** 04/01/2017:

Date closed/closing: \_\_\_\_\_

**Sole Owner Attestation:** (**Sole Owner must complete this attestation**) I hereby state that I am the person making application, 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.

**OR**

I am a qualified alien under the Federal Immigration and Nationality Act (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

**NOTE:** You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005. (i.e.: DACA, pending asylum, pending refugee, etc.)

**Social Security Number:**

If you are **the sole owner of the Facility**, you must list your

Social Security Number: \_\_\_\_\_

Facility Telephone #: \_\_\_\_\_

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.

Facility Telephone #: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_