



PIERCE COUNTY PUBLIC HEALTH DEPARTMENT
 412 West Kinne Street, P O Box 238
 Ellsworth, Wisconsin 54011
 (715) 273-6755 FAX (715) 273-6854

| | |
|-----------------------------|-------|
| For Office Use Only: | |
| ID Number | _____ |
| Check Number | _____ |
| Date | _____ |
| Initials | _____ |

TATTOO/BODY PIERCING TEMPORARY EVENT PERMIT APPLICATION

| | |
|--------------------------------|-------------------------------|
| Establishment Name | _____ |
| Operator/Contact Name | _____ |
| Contact Mailing Address | _____ |
| | <small>STREET</small> |
| | <small>CITY STATE ZIP</small> |
| Contact Telephone | () _____ |

| | |
|--|----------------------|
| Specify Event you plan on attending – Include location and dates of event | Name of Event: _____ |
| | Location: _____ |
| | Date(s): _____ |

List Names & certification information for all practitioners:

- 1) Legal Name of Licensed Practitioner: _____ **Certificate Number:** _____
 Tattooist Body Piercer Both
- 2) Legal Name of Licensed Practitioner: _____ **Certificate Number:** _____
 Tattooist Body Piercer Both
- 3) Legal Name of Licensed Practitioner: _____ **Certificate Number:** _____
 Tattooist Body Piercer Both

Please describe:

| | |
|---|-------|
| Toilet & Hand washing facilities | _____ |
| Source of water | _____ |
| Storage and disposal of wastewater | _____ |
| Storage and disposal of garbage | _____ |

Equipment/Supplies

Yes No

- Approved Autoclave
 Name/Model: _____
(Attach copy of most recent spore test result)
- Ultrasonic cleaner
- Sharps waste container for needles and bars
- Needles sterile, disposable/single use
- Needles, bars and tubes that are easy to clean and sterilize
- Single use acetate stencils
- Single use containers for pigment
- Single use razors or electric razors that are

Yes No

- disinfected with each use
- Barrier film to use on items or areas that may be touched during procedure
- Sterilization tubing for needle, bars, tubes and grips
- Covered stainless steel containers with disinfecting solution for equipment to be sterilized.
- Dressings sterile, non-sticking
- Clean towels and washcloths for each client, stored in clean container
- Container for soiled linen

Continued on back

1) **Draw a sketch** of the proposed temporary body art booth below (or attach a separate sheet or a photo of the stand set up for operations).

2) Describe the construction and materials used for floor, wall and ceiling surfaces.

3) Include a copy of the consent form and copy of aftercare instructions that will be used at the event.

Fees: Make check payable to Pierce County Public Health Department

| | |
|----------|---|
| \$165.00 | Temporary Tattoo/Body Piercing Event Permit |
|----------|---|

Note: Application and fee must be received at least 15 days prior to the event or \$100 late fee may apply.

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE RECEIVED AND READ A COPY OF **TEMPORARY BODY ART GUIDELINES**. YOUR SIGNATURE ALSO CERTIFIES THAT YOU ARE FAMILIAR WITH THE **WISCONSIN ADMINISTRATIVE CODE** GOVERNING TATTOO AND BODY PIERCING, AND THAT THE ABOVE-DESCRIBED ESTABLISHMENT WILL BE OPERATED AND MAINTAINED IN ACCORDANCE WITH APPLICABLE REGULATIONS.

SIGNATURE OF OPERATOR OR CONTACT PERSON **TITLE** **TODAY'S DATE**