



Pierce County Public Health Department

412 West Kinne Street, PO Box 238
Ellsworth, Wisconsin 54011
(715) 273-6755 FAX (715) 273-6854

For Office Use Only:

ID Number
Check Number
Permit Number
Date
Initials

TATTOO & BODY PIERCING FACILITY PERMIT APPLICATION

PLEASE CHECK ONE: [] New Establishment [] Change in Ownership [] Name Change Only [] Duplicate License

Form with fields for Establishment Name, Address, Telephone, Licensee Name, Address, Telephone, Primary/Secondary Contact, and Previous Establishment Name.

Type of Establishment

Table with columns for TATTOO, BODY PIERCING, and COMBINED TATTOO & BODY PIERCING FACILITIES, including fee options and MISCELLANEOUS FEES.

Make check payable to Pierce County Public Health Department and mail to above address.

Note: Application & fees must be submitted at least 15 days prior to operation or a \$100 late fee may apply.

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

When is your facility open for business? [] Year Round [] Winter [] Summer

Intended Opening Date for Facility: ___/___/___

Table with 8 columns: Hours of Operation, Sun Hours, Mon Hours, Tues Hours, Wed Hours, Thurs Hours, Fri Hours, Sat Hours.

YOUR SIGNATURE BELOW WILL ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THE CODE OR INFORMATION AS TO WHERE TO OBTAIN A COPY AND WILL COMPLY WITH ALL APPLICABLE WISCONSIN ADMINISTRATIVE CODE(S).

SIGNATURE OF LICENSEE OR AGENT

TITLE

TODAY'S DATE

A pre-inspection Must Be completed prior to operating.