

Estab#	License Category:	Fee Processed:	Check#:
DATCP#	Effective Date:	Amount: \$	Acct.#: 320-00-43575
FOR OFFICE USE ONLY			

ENVIRONMENTAL HEALTH CONSORTIUM

CUDAHY, SOUTH MILWAUKEE & ST FRANCIS

SOUTH MILWAUKEE HEALTH DEPARTMENT

2424 15TH AVENUE

SOUTH MILWAUKEE, WI 53172

(414) 768-8055

FAX: (414) 768-5720



TATTOO/BODY PIERCING PERMIT APPLICATION

Please print or type. Submit completed application (signed and dated) and applicable fees to the address above.

Application is for: <input type="checkbox"/> New Establishment <input type="checkbox"/> Change of Operator <input type="checkbox"/> Remodel/Modification <input type="checkbox"/> Risk Change	
Establishment Name/DBA:	Establishment Telephone:
Establishment Address:	
Billing Street Address, City, State & Zip Code (if different than above):	
Primary Contact (Operator/Manager):	Primary Contact Telephone:
Primary Contact Email:	Fax:
Legal Entity (check one): <input type="checkbox"/> Sole Proprietor (Individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC* <input type="checkbox"/> Nonprofit Organization <small>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</small>	
Legal Licensee:	Legal Licensee Telephone:
Licensee Street Address, City, State & Zip Code:	
Name of Corporate Contact/Agent (if applicable):	
Corporate Contact/Agent Email:	Fax:
WI Seller's Permit Number:	Name as it appears on Seller's Permit:

PLEASE CHECK THE APPROPRIATE CATEGORY

ESTABLISHMENT TYPE:	FEES		
	ANNUAL PERMIT	PRE-INSPECTION (New Establishment, C/O, Remodel)	PLAN REVIEW (New Establishments/Remodel)
<input type="checkbox"/> Tattoo	\$320	\$214	\$102
<input type="checkbox"/> Body Piercing	\$320	\$214	\$102
<input type="checkbox"/> Combined Tattoo & Body Piercing	\$358	\$274	\$125
<input type="checkbox"/> Temporary Tattoo	\$158		
<input type="checkbox"/> Temporary Body Piercing	\$158		
<input type="checkbox"/> Temporary Combined Tattoo & Body Piercing	\$182		
CHECKS OR MONEY ORDERS MADE OUT TO: CITY OF SOUTH MILWAUKEE			Total: \$

Signature of Licensee

Today's Date

OPERATOR(S) INFORMATION

List the full names and date of birth (*must be at least 18 years of age*) for each operator/artist:

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

(Please list an additional operators/artist on a separate paper)

Has this applicant ever held a tattoo/body piercing establishment license? No Yes

Has this applicant ever had a tattoo/body piercing establishment license suspended or revoked? No Yes

If 'Yes', please explain:

ADDITIONAL REQUIREMENTS

You must have the following documentation when applying for a Tattoo / Body Piercing license:

- Written procedure for sterilization including the make and model of your autoclave
- Written procedure for preparing skin
- Copy of a recent negative spore test by an approved lab
- Copy of written care instructions
- Copy of liability insurance
- Written proof of sharps and infectious waste disposal
- Proof of age for all operators
- Proof of ownership, lease, or legal right to use the premises on which the establishment is located
- Hours of operations

CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes? No Yes

If "Yes", check all that apply:

New Construction Construction changes to existing building

Renovation or remodeling Equipment changes only

Provide a brief description of the changes:

Name, Address & Phone Number for Architect:

Name, Address & Phone Number for Contractor: