



Pierce County Public Health Department
 412 West Kinne Street, P O Box 238
 Ellsworth, Wisconsin 54011
 (715) 273-6755, (715) 273-6854 FAX

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

Establishment Name	_____		
Establishment Address	STREET _____		
	CITY _____	STATE _____	ZIP _____
Establishment Telephone	() _____		
Legal Licensee Name	_____		
Licensee Address	STREET _____		
	CITY _____	STATE _____	ZIP _____
Licensee Telephone	() _____ email address: _____		
Primary Contact	NAME _____	PHONE NUMBER _____	
Secondary Contact	NAME _____	PHONE NUMBER _____	
Previous Establishment Name	_____		

Type of Establishment

TATTOO:	BODY PIERCING:	COMBINED TATTOO & BODY PIERCING FACILITIES:
<input type="checkbox"/> \$158 - Annual Permit <input type="checkbox"/> \$185 - Pre-Inspection (Existing Facility) <input type="checkbox"/> \$234 - Pre-Inspection (New Construction)	<input type="checkbox"/> \$158 - Annual Permit <input type="checkbox"/> \$185 - Pre-Inspection (Existing Facility) <input type="checkbox"/> \$234 - Pre-Inspection (New Construction)	<input type="checkbox"/> \$257 - Annual Permit <input type="checkbox"/> \$257 - Pre-Inspection (Existing Facility) <input type="checkbox"/> \$307 - Pre-Inspection (New Construction)
MISCELLANEOUS FEES:		
<input type="checkbox"/> \$100 – Late Fee <input type="checkbox"/> \$15 - Duplicate License <input type="checkbox"/> \$25 - Name Change Only <input type="checkbox"/> \$100 – Consultation Fee		

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: ____/____/____

Hours of Operation	Sun Hours	Mon Hours	Tues Hours	Wed Hours	Thurs Hours	Fri Hours	Sat Hours
Specify the time facility opens & closes for each day	Open - close	Open - close	Open - close	Open - close	Open - close	Open - close	Open - close

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.