

Estab#	License Category:	Fee Processed:	Check#
DATCP#	Effective Date:	Amount Paid: \$	Acct# 320-00000-43575
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

PERMIT APPLICATION TATTOO / BODY PIERCING

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

Application is for: ☐ New Establishment ☐ Change of Operator ☐ Remodel/Modification ☐ 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 <i>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</i>			
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		
TATTOO & BODY PIERCING	ANNUAL PERMIT	PRE-INSPECTION (new construction/change of operator/remodel)	PLAN REVIEW (new construction/remodel)
<input type="checkbox"/> Tattoo	\$320.00	\$214.00	\$102.00
<input type="checkbox"/> Body Piercing	\$320.00	\$214.00	\$102.00
<input type="checkbox"/> Combined Tattoo & Body Piercing	\$358.00	\$274.00	\$125.00
<input type="checkbox"/> Temporary Tattoo	\$158.00	n/a	n/a
<input type="checkbox"/> Temporary Body Piercing	\$158.00	n/a	n/a
<input type="checkbox"/> Temporary Combined Tattoo & Body Piercing	\$182.00	n/a	n/a

CHECKS OR MONEY ORDERS MADE OUT TO: CITY OF SOUTH MILWAUKEE

Total Due: \$

Signature of Licensee

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: