

Estab#	DATCP#	Date Processed:	Amount Paid: \$
License Category:		License Date:	Check#:
FOR OFFICE USE			Acct#: 320-00000-43575

ENVIRONMENTAL HEALTH CONSORTIUM

CUDAHY • SOUTH MILWAUKEE • ST FRANCIS

SOUTH MILWAUKEE HEALTH DEPARTMENT

2424 15TH AVENUE

SOUTH MILWAUKEE, WI 53172

PH (414) 768-8055 · FAX (414) 768-5720

EHCLicensing@smwi.org · www.smwi.org



PERMIT APPLICATION BODY ART

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 *If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.	
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:
Operation: <input type="checkbox"/> Year-Round <input type="checkbox"/> Summer Season <input type="checkbox"/> Winter/School Season Hours: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <input type="checkbox"/> Weekends	
Certified Professional required? <input type="checkbox"/> No <input type="checkbox"/> Yes CP Name:	

PLEASE CHECK THE APPROPRIATE CATEGORY

ESTABLISHMENT TYPE:	FEES		
BODY ART	ANNUAL PERMIT	PRE-INSPECTION (new construction/change of operator or risk/renovation)	PLAN REVIEW (new construction /renovation)
<input type="checkbox"/> BTP - Tattoo	\$ 336.00	\$ 225.00	\$ 107.00
<input type="checkbox"/> BPP - Body Piercing	\$ 336.00	\$ 225.00	\$ 107.00
<input type="checkbox"/> BCP - Combined Tattoo & Body Piercing	\$ 376.00	\$ 288.00	\$ 131.00
<input type="checkbox"/> BTT - Temporary Tattoo	\$ 166.00	n/a	n/a
<input type="checkbox"/> BPT - Temporary Body Piercing	\$ 166.00	n/a	n/a
<input type="checkbox"/> BCT - Temporary Combined Tattoo & Body Piercing	\$ 191.00	n/a	n/a

CHECKS OR MONEY ORDERS MADE OUT TO: **CITY OF SOUTH MILWAUKEE** Total: \$

Signature of Licensee X

Today's Date X

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:	Tattoo License #	Piercing License #
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(Please list any additional operators/artist on a separate paper)

Have you ever held a tattoo/body piercing establishment license before? ☐ No ☐ Yes

Have you ever had a tattoo/body piercing establishment license suspended or revoked? ☐ No ☐ Yes

If "Yes", please explain:

Do you have or will you require a variance? ☐ No ☐ Yes

If "Yes", please explain:

Temporary Body Art

Transient Type: ☐ Booth ☐ Push Cart ☐ Trailer ☐ Other:

EHC Event or Markets Attending and/or EHC Location of Operation:

Event Date:

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 ☐ Renovation or remodeling interior
☐ Changes to construction ☐ Equipment changes

Provide a brief description of the changes:

Name, Address & Phone Number for Architect:

Name, Address & Phone Number for Contractor: