



**WOOD COUNTY HEALTH DEPARTMENT
APPLICATION FOR TATTOO/BODY
PIERCING PERMIT**

*The mission of the
Wood County Health
Department is to
maximize quality of life
across the lifespan.*

In accordance with Wood County Ordinance 301, and Chapter 254, 252 and 463 Wisconsin Statutes, I do hereby make Application to the Wood County Health Department for an operating permit for the license year July 1, 2016 to June 30, 2017. **Operating in any part of the fiscal year requires a permit.**

PERMITS ARE NOT TRANSFERABLE

Establishment Name _____	ID# _____
Establishment Address _____	
Owner Name _____	
(List the individual, partnership, or corporation name and the agent)	
Owner Address _____	email _____
Preferred mailing address for license and correspondence: <input type="checkbox"/> Owner <input type="checkbox"/> Establishment	
Phone: Establishment _____	Home _____ (if applicable)
Signature of Applicant _____	Date _____

BODY ART:

	Pre-Licensing Insp Fee	License Fee
<input type="checkbox"/> Tattoo Establishments	\$125.00	\$154.00
<input type="checkbox"/> Body Piercing Establishments	\$125.00	\$154.00
<input type="checkbox"/> Combined Tattoo/Body Piercing Establishments	\$150.00	\$247.00
<input type="checkbox"/> Temporary Tattoo/Body Piercing or Combined Establishment per Event		\$110.00

Annual Water Testing Fee Per Well Number of wells _____ (x) \$ 40.00
(if on a private well, bacteria and nitrate only)

Additional charges may apply for repeat sampling.

**Tattoo/Body Piercing Practitioner
Name and License # _____**

Additional Practitioners

<u>Name</u>	<u>License Number</u>
_____	_____
_____	_____
_____	_____
_____	_____

OTHER FEES

- Late Fee for a renewal application postmarked after **June 30, 2016** \$150.00
- NSF Fee (includes account closed or check non-payable) \$150.00
- Operating without a License Double License Fee
- No Certified Operator ... will be given 30-day warning for first offense \$150.00
- Special Inspection \$175.00
- Duplicate Permit \$ 20.00
- Re-inspection Fee (\$100.00 for each additional repeat inspection) \$ 75.00

Total \$ _____

License Fees	Other Fees	Pre-Licensing Fees	Total Fees
\$ _____ +	\$ _____ +	\$ _____ =	\$ _____

Forward completed application and fee to:
 Phone (715) 421-8911 or (715) 387-8646

Wood County Health Department
 Attn: Environmental Health
 P.O. BOX 8080
 Wisconsin Rapids WI 54495

Make check or money order payable to: **Wood County**

A \$150.00 Late Fee will be charged for any application **postmarked after June 30, 2016**. Permit renewals not received by **July 15, 2016** will be referred to the office of Wood County Corporation Counsel for legal action.