



LINCOLN COUNTY BODY ART PERMIT APPLICATION

Completion of this form is voluntary, however to receive a permit you must complete the form. To receive a permit send the completed application and fee(s), **check or money order, payable to the LINCOLN COUNTY HEALTH DEPARTMENT**, to the above address. Incomplete information may delay processing your application. **Type or Print Only.**

Per Wis. Admin. Code §SPS 221.04, all tattooing and body piercing activities must occur in a licensed establishment. In addition, all tattooists and body piercers must also hold a practitioners license.

What counts as tattooing and body piercing?

- Tattoo- means to insert pigment under the surface of the skin of a person, by pricking with a needle or otherwise, so as to product an indelible mark or figure through the skin.
- Body Piercing- means perforating any human body part or tissue, except an ear and to place a foreign object in the perforation to prevent the perforation from closing.
- Ear Piercing- ear piercing is exempt from licensing requirements. All parts of the ear are included in this exemption.

Application is for: New Establishment Change in Ownership Other, please specify _____

Establishment Name		County
Establishment Street Address, City, State and Zip Code		Establishment Telephone ()
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)		
Email Address		
Licensee Street Address, City, State and Zip Code		Legal Licensee Telephone ()
Name of Agent for the Corporation / Operator (if applicable)		Intended Date of Opening for Business
Name of Former Business	Name of Former Operator	ID No.

Check appropriate category for each of the following section.

TATTOO & BODY-PIERCING ESTABLISHMENTS	<u>Annual Permit Fee + Pre-inspection Fee</u>	= <u>Initial Opening Fee</u>
<input type="checkbox"/> Tattoo Establishments	(\$135.00 Permit fee + \$255.00 Pre-inspection fee)	\$ 390.00
<input type="checkbox"/> Body-Piercing Establishments	(\$135.00 Permit fee + \$255.00 Pre-inspection fee)	\$ 390.00
<input type="checkbox"/> Combined Tattoo / Body-Piercing Establishments	(\$220.00 Permit fee + \$400.00 Pre-inspection fee)	\$ 620.00
<input type="checkbox"/> Temporary Tattoo Establishments	(\$130.00 Permit fee)	
<input type="checkbox"/> Temporary Body-Piercing Establishments	(\$130.00 Permit fee)	
<input type="checkbox"/> Combined Temporary Tattoo / Body-Piercing Establishments	(\$185.00 Permit fee)	

Temporary permits are valid no more than 7 days per event.

State of Wisconsin Tattooist / Body-Piercer ID No.: _____ Expiration Date: _____

Check the appropriate box when your business is in operation.
 Year Round Winter Summer

Hours your establishment is open:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

TOTAL AMOUNT ENCLOSED: _____

Local Approval:

The inspector may ask you for documentation showing that the proposed Tattooing & Body Piercing establishment has been approved for use by the local zoning authority. Talk with the local zoning authority to assure that your property is approved for business use. The local zoning authority may be a Village, Township, City or County.

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one): A citizen or national of the United States, or A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375- 5283 or online at <http://www.uscis.gov>. Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action. By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

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). Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat § 15.04 (1)(m)

SIGNATURE – Applicant	Date Signed
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