



# JUNEAU COUNTY HEALTH DEPARTMENT APPLICATION FOR TATTOO/BODY PIERCING PERMIT

*Your partners  
for a healthy  
community*

In accordance with Juneau County Public Health Ordinance #11B, I do hereby make application to the Juneau County Health Department for an operating permit for the license year July 1, 2022 to June 30, 2023. Inspection and licensing services are being provided by the Wood County Health Department. **Operating in any part of the fiscal year requires a permit.**

## PERMITS ARE NOT TRANSFERABLE

Establishment Name \_\_\_\_\_ ID# \_\_\_\_\_

Establishment Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ email \_\_\_\_\_

(List the individual, partnership, or corporation name and the agent)

Owner Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred mailing address for license and correspondence:     Owner     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

**Water Supply**

Private                       Public

**Annual Water Testing Fee Per Well**  
(if on a private well, bacteria and nitrate only)

Number of wells \_\_\_\_\_ (x) \$ 40.00

Additional charges may apply for repeat sampling.

**Tattoo/Body Piercing Practitioner**

**Name and License #** \_\_\_\_\_

**-OVER-**

**Additional Practitioners**

Name

License Number

_____	_____
_____	_____
_____	_____
_____	_____

**OTHER FEES**

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> NSF Fee (includes account closed or check non-payable)                   | \$150.00           |
| <input type="checkbox"/> Operating without a License  | Double License Fee |
| <input type="checkbox"/> No Certified Operator ... will be given 30-day warning for first offense | \$150.00           |
| <input type="checkbox"/> Special Inspection   | \$175.00           |
| <input type="checkbox"/> Duplicate Permit   | \$ 20.00           |
| <input type="checkbox"/> Re-inspection Fee (\$200.00 for each additional repeat inspection)       | \$ 50.00           |
| <b>Total</b>  | \$ _____           |

Pre-Licensing Insp. Fee	License Fee	Other Fees (if applicable)	Total Fees
\$ _____ +	\$ _____ +	\$ _____ =	\$ _____

Forward completed application and fee to:

Wood County Health Department  
 Attn: Environmental Health  
 111 W Jackson Street  
 Wisconsin Rapids WI 54495

Phone (715) 421-8911 or (715) 387-8646

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