



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

*Maximizing 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, 2022 to June 30, 2023. **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 #** \_\_\_\_\_

**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>  | <b>\$ _____</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**