



# 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, 2023 to June 30, 2024. **Operating in any part of the fiscal year requires a permit.**

## PERMITS ARE NOT TRANSFERABLE

Establishment Name _____		
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: <input type="checkbox"/> Owner <input type="checkbox"/> Establishment		
Phone: Establishment _____	Home _____	(if applicable)
Signature of Applicant _____	Date _____	

### BODY ART:

	<b>Pre-Licensing Insp Fee</b>	<b>License Fee</b>
<input type="checkbox"/> Tattoo Establishments	\$125.00	\$177.00
<input type="checkbox"/> Body Piercing Establishments	\$125.00	\$177.00
<input type="checkbox"/> Combined Tattoo/Body Piercing Establishments	\$150.00	\$284.00
<input type="checkbox"/> Temporary Tattoo/Body Piercing or Combined Establishment per Event	N/A	\$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) \$ 50.00

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)       | \$ 100.00          |
| <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**