



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, 2025 to June 30, 2026. 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 _____

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	\$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 |

Total \$_____

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

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

111 W Jackson Street

Wisconsin Rapids WI 54495

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