



ADAMS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

APPLICATION FOR TATTOO/BODY PIERCING PERMIT

Preserving & strengthening individuals, families and the community

In accordance with Adams County Public Health Ordinance #20-16, I do hereby make application to the Adams County Health and Human Services Department for an operating permit for the license year July 1, 2026 to June 30, 2027. 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 | \$145.00 | \$204.00 |
| <input type="checkbox"/> Body Piercing Establishments | \$145.00 | \$204.00 |
| <input type="checkbox"/> Combined Tattoo/Body Piercing Establishments | \$175.00 | \$327.00 |
| <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 # _____

Additional Practitioners

Name

License Number

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

OTHER FEES

- | | |
|---|--------------------|
| <input type="checkbox"/> NSF Fee (includes account closed or check non-payable) | \$75.00 |
| <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
 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**