DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-47453 (Rev. 07/08)

STATE OF WISCONSIN

Bureau of Environmental and Occupational Health Chapter 252, Subchapter VII, Wis. Stats.

APPLICATION FOR TATTOOIST / BODY PIERCER

Last Name Social Security Number		First Name Drivers License Number (Optional)		Middle Initial
				al)
Name of Tattoo or Body-Pier	cing Establishment			
Street				
City	State	Zip Code	County	
()				
SIGNATURE – Applicant			Date Signed	
Remit check payable to:	Department of Health Services Division of Public Health Food Safety and Recreational Licensing P. O. Box 2659 Madison, Wisconsin 53701-2659			
or Office Use Only				
ID Number				