



Oneida County Health Department
100 W. Keenan Street, Rhinelander, WI 54501
Phone: (715) 369-6111 Fax: (715) 369-6112
oneidacountypublichealth.org

ONEIDA COUNTY HEALTH DEPARTMENT TATTOO & BODY PIERCING ESTABLISHMENT LICENSE APPLICATION

INFORMATION FOR COMPLETING TATTOOING/BODY PIERCING ESTABLISHMENT APPLICATION

Per Wis. Stat. § 463 and Wis. Admin. Code § SPS 221.04, all tattooing and body piercing activities must occur in a licensed establishment. In addition, all tattooists and body piercers must also hold a practitioner's license.

What Counts as Tattooing and Body Piercing?

Tattoo - Means to insert pigment under the surface of the skin of a person, by pricking with a needle or otherwise, so as to produce an indelible mark or figure through the skin.

Body Piercing - Means perforating any human body part or tissue, except an ear, and to place a foreign object in the perforation to prevent the perforation from closing.

Ear Piercing - Ear piercing is exempt from the licensing requirements. All parts of the ear are included in this exemption.

Whom Should I Contact to Obtain a License?

Establishment licenses for facilities in Oneida County are issued by Oneida County Health Department (OCHD). Contact numbers for other county Health Departments which perform inspections can be found on the Department of Safety and Professional Services (DPS) web page www.dps.wi.gov or call DPS at (608) 266-2112.

For application submittal:

1. **Submit completed application and applicable fee(s).**
2. **Schedule Pre-Licensing Inspection:** When payment is received and the application is processed, OCHD staff will notify the applicant to schedule a Preinspection.

Some important public health concerns identified during the pre-licensing inspection include (see Body Art Code for complete list of requirements):

- Location of procedure area hand wash sink(s) with hot and cold water under pressure
- Toilet room with toilet and separate hand wash sink
- Age restriction signage, consent forms
- Light colored, easily cleanable walls and ceilings in procedure area
- Smooth, durable and non-porous floor material in procedure areas
- Approved and listed autoclave for sterilization, spore test records kept on site
- Ultrasonic cleaning unit provided
- Closed cabinets exclusively used for equipment storage
- Proper sharps disposal container size and location
- Inks from approved sources
- Disinfectants, antiseptics and enzymatic cleaners supplied
- Single use gloves, plastic coverings and barrier shields supplied

Variance Request:

If you are requesting a variance, please contact OCHD at (715) 369-6111 for further information.

Additional Approval:

You may be asked for documentation that proves the proposed Tattooing and Body Piercing establishment has been approved for use by the local zoning authority. Contact Oneida County Planning and Zoning Department (715) 369-6130 for any required zoning approval.

For questions concerning **tax ID numbers** or **business tax reporting**, contact the Department of Revenue at:
<http://www.revenue.wi.gov>

(Rev. 11/16)

Wis. Stat. § 463; SPS Ch. 221

Ch. 11.13, Oneida County



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Wis. Stat. § 463

Send completed application and fees, payable to the Oneida County Health Department, to the address listed above. Incomplete information may delay processing of the application. Review of the application will not start without receipt of fees.

Application for: New Establishment Change in Ownership Existing

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

Establishment Name	
Establishment Street Address, City, State & Zip Code	Establishment Telephone ()
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)	E-mail address
Licensee Street Address, City, State & Zip Code	Legal Licensee Telephone ()
Name of Agent for the Corporation/Operator (if applicable)	Intended Date of Opening
As an Agent for DSPS, OCHD is required to obtain your Social Security Number or Employer Identification Number. If you do not have a Social Security Number, you must complete DSPS Form #1051. OCHD may not disclose the Social Security Number collected except as authorized by law.	
SSN # _____ - _____ - _____ Federal Employer Identification # _____ - _____	
State of Wisconsin Practitioners License Number <i>(required prior to opening)</i>	
TATTOOIST #: _____ BODY PIERCER #: _____	
Check appropriate license type.	
A pre inspection fee is required for new establishments, and change in ownership/licensee.	
<input type="checkbox"/> Tattoo Establishment	\$390 (\$135 Permit fee + \$ 255 Pre inspection fee)
<input type="checkbox"/> Body Piercing Establishment	\$390 (\$135 Permit fee + \$ 255 Pre inspection fee)
<input type="checkbox"/> Combined Tattoo/Body Piercing Establishment	\$620 (\$220 Permit fee + \$ 400 Pre inspection fee)
<input type="checkbox"/> Temporary Tattoo Establishment Fee**	\$100
<input type="checkbox"/> Temporary Body Piercing Establishment Fee**	\$100
<input type="checkbox"/> Temporary Combined Tattoo/Body Piercing Establishment Fee**	\$100
** Temporary permits are valid for no more than 7 days per event.	
TOTAL AMOUNT ENCLOSED: _____	
APPLICANT SIGNATURE	Date Signed
_____	_____

Within 30 days after receiving a complete application for a license, the department shall either approve the application and issue a license, or deny the application. If the application for a license is denied, the department shall give the applicant reasons, in writing, for the denial.

Re-inspection fees will be assessed based on license category, for any required re-inspections, per State Code.

All permits expire June 30th of each year. An \$85 Late Fee will apply to all establishments if yearly renewal payment is not received by date due.

A license shall not be issued to an operator without prior inspection.