



**PIERCE COUNTY PUBLIC HEALTH DEPARTMENT**

412 West Kinne Street, P O Box 238  
Ellsworth, Wisconsin 54011  
(715) 273-6755, (715) 273-6854 FAX

**For Office Use Only:**

ID Number \_\_\_\_\_  
Check Number \_\_\_\_\_  
Date \_\_\_\_\_  
Initials \_\_\_\_\_

**TATTOO/BODY PIERCING TEMPORARY EVENT PERMIT APPLICATION**

|                                |                               |
|--------------------------------|-------------------------------|
| <b>Establishment Name</b>      | _____                         |
|                                | _____                         |
| <b>Operator/Contact Name</b>   | _____                         |
| <b>Contact Mailing Address</b> | _____                         |
|                                | <small>STREET</small>         |
|                                | <small>CITY STATE ZIP</small> |
| <b>Contact Telephone</b>       | (    ) _____                  |

|  |                      |
|--|----------------------|
| <b>Specify Event you plan on attending – Include location and dates of event</b> | Name of Event: _____ |
|  | Location: _____      |
|  | Date(s): _____       |

**List Names & certification information for all practitioners:**

- 1) Legal Name of Licensed Practitioner: \_\_\_\_\_ **Certificate Number:** \_\_\_\_\_  
 Tattooist  Body Piercer  Both
- 2) Legal Name of Licensed Practitioner: \_\_\_\_\_ **Certificate Number:** \_\_\_\_\_  
 Tattooist  Body Piercer  Both
- 3) Legal Name of Licensed Practitioner: \_\_\_\_\_ **Certificate Number:** \_\_\_\_\_  
 Tattooist  Body Piercer  Both

**Please describe:**

|   |       |
|---|-------|
| <b>Toilet &amp; Hand washing facilities</b> | _____ |
| <b>Source of water</b>                      | _____ |
| <b>Storage and disposal of wastewater</b>   | _____ |
| <b>Storage and disposal of garbage</b>      | _____ |

**Equipment/Supplies**

Yes No

- Approved Autoclave  
Name/Model: \_\_\_\_\_  
**(Attach copy of most recent spore test result)**
- Ultrasonic cleaner
- Sharps waste container for needles and bars
- Needles sterile, disposable/single use
- Needles, bars and tubes that are easy to clean and sterilize
- Single use acetate stencils
- Single use containers for pigment
- Single use razors or electric razors that are

Yes No

- disinfected with each use
- Barrier film to use on items or areas that may be touched during procedure
- Sterilization tubing for needle, bars, tubes and grips
- Covered stainless steel containers with disinfecting solution for equipment to be sterilized.
- Dressings sterile, non-sticking
- Clean towels and washcloths for each client, stored in clean container
- Container for soiled linen

**Continued on back**

1) **Draw a sketch** of the proposed temporary body art booth below (or attach a separate sheet or a photo of the stand set up for operations).

2) Describe the construction and materials used for floor, wall and ceiling surfaces.

3) Include a copy of the consent form and copy of aftercare instructions that will be used at the event.

**Fees: Make check payable to Pierce County Public Health Department**

|          |   |
|----------|---|
| \$165.00 | Temporary Tattoo/Body Piercing Event Permit |
|----------|---|

**Note:** Application and fee must be received at least 15 days prior to the event or \$100 late fee may apply.

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE RECEIVED AND READ A COPY OF **TEMPORARY BODY ART GUIDELINES**. YOUR SIGNATURE ALSO CERTIFIES THAT YOU ARE FAMILIAR WITH THE **WISCONSIN ADMINISTRATIVE CODE** GOVERNING TATTOO AND BODY PIERCING, AND THAT THE ABOVE-DESCRIBED ESTABLISHMENT WILL BE OPERATED AND MAINTAINED IN ACCORDANCE WITH APPLICABLE REGULATIONS.

\_\_\_\_\_  
**SIGNATURE OF OPERATOR OR CONTACT PERSON**                      **TITLE**                      **TODAY'S DATE**