



Washington Ozaukee Public Health Department License Application

To receive a license, send the completed application and fee(s), check or money order, payable to **Ozaukee County**. You will be contacted to arrange a date to inspect and license the facility.

Note: Licenses are not transferable. A change of operator requires a pre-inspection and a new license.

Application is for: ☐ New Establishment ☐ Change in Ownership

Establishment Name	County – Washington or Ozaukee (circle one)
Establishment Street Address, City, State and Zip Code	Establishment Telephone ()
Name of Operator	E-mail Address
Legal Licensee (such as name of sole proprietor, partnership, LLC, Corporation)	Legal Licensee Telephone ()
Licensee Street Address, City, State and Zip Code (if different than establishment address)	Intended Date of Opening for Business
Name of Former Business or Operator (if applicable)	Preferred Mailing Address Establishment or Licensee (circle one)

TATTOO & BODY-PIERCING ESTABLISHMENTS – SPS 221***

- ☐ Tattoo establishments \$444.00 (\$189.00 License fee + \$255.00 Preinspection fee)
- ☐ Body-Piercing Establishments \$444.00 (\$189.00 License fee + \$255.00 Preinspection fee)
- ☐ Combined Tattoo / Body-Piercing Establishments \$708.00 (\$308.00 License fee + \$400.00 Preinspection fee)

State of Wisconsin Tattooist / Body-Piercer Name and ID Number: Expiration Date:

Within 30 days after receiving a complete application for a permit, the department shall 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.

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

*****To obtain a copy of the code that covers your license, search online for the code number listed next to the type of permit for which you are applying. Call the Health Department if you cannot access the codes*****

Please speak with someone from our Environmental Health team before submitting payment for a new application.

TOTAL AMOUNT ENCLOSED: \$ _____

Your signature below will acknowledge that you have received a copy of the code or information as to where to obtain a copy and will comply with all applicable Wisconsin Administrative Codes(s).

Signature – Applicant:

Date Signed: