



PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

412 West Kinne Street, P O Box 238
Ellsworth, Wisconsin 54011

(715) 273-6755, (715) 273-6854 FAX

2011/2012

For Office Use Only:

ID Number _____
Check Number _____
Date _____
Initials _____

TATTOO/BODY PIERCING TEMPORARY EVENT PERMIT APPLICATION

Establishment Name			
	Operator/Contact Name		
Contact Mailing Address			
	STREET		
	CITY	STATE	ZIP
Contact Telephone	()		

Specify Event you plan on attending – Include location and dates of event	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:

Toilet & Hand washing facilities	
Source of water	
Storage and disposal of wastewater	
Storage and disposal of garbage	

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 disinfected with each use

Yes No

- 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

\$150.00	Temporary Tattoo/Body Piercing Event Permit
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Note: Application and fee must be received at least 14 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