



Waupaca County Department of Health and Human Services

Food Safety & Recreational Licensing Program

TEMPORARY EVENT TATTOO/BODY PIERCING APPLICATION

WAUPACA COUNTY ORDINANCE 10.08
97.30, 254.61, Wis. Stats
WI ADMIN CODE HFS 173

Before completing this application, read Temporary Tattoo/Body Piercing Guidelines. Have you read this material?
 Yes No

Operators Name Operators Address City State Zip

Name of Stand Name of Event Dates of Event

Stand Location

Contact(s) Phone Number Email

1) LIST NAMES & CERTIFICATION INFORMATION FOR ALL PRACTITIONERS:

	Legal Name of Licensed Practitioner	Tattooist	Body Piercer	Both	Certificate Number
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2) PLEASE DESCRIBE:

Toilet & Hand Washing Facilities	
Source of Water	
Storage & Disposal of Wastewater	
Hazardous Waste Storage/Disposal	
Storage & Disposal of Garbage	

3) FEES:

<input type="checkbox"/>	Temporary Tattoo Event Permit	\$229.00
<input type="checkbox"/>	Body Piercing Event Permit	\$229.00
<input type="checkbox"/>	Combined Temporary Tattoo/Body Piercing Event Permit	\$290.00

<p>Make Check Payable To: Waupaca County DHHS</p>	<p>Submit To: Waupaca County DHHS - FSRL 811 Harding St Waupaca, WI 54981</p>
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Waupaca County Ordinance 10.08: 1.E.2. "LICENSE ISSUANCE: The Sanitarian shall issue a license to the applicant only after compliance with the requirements of this chapter and upon payment to the department of all required fees. The Department's decision to grant or withhold a license shall not exceed 30 calendar days. The decision to withhold shall accompany written inspection or documentation of justification or cause."

I certify that I am familiar with the temporary event tattoo/body piercing requirements, WI Adm. Code Chapter HFS 173 Tattoo & Body Piercing and the described establishment will be operated and maintained in accordance with all applicable regulations.

Applicant's Printed Name
Date

Applicant's Signature

Applicants Drivers License #

FOR OFFICE USE ONLY		
Amount Paid:_____	Date_____	Permit Issued:_____