

**Department of Public Health**

Dottie-Kay Bowersox, MSA  
Public Health Administrator

730 Washington Avenue  
Racine, Wisconsin 53403  
262-636-9201  
262-636-9165 FAX



Website: [www.cityofracine.org/Health](http://www.cityofracine.org/Health)  
Email: [publichealth@cityofracine.org](mailto:publichealth@cityofracine.org)

**Environmental Health Division**  
262-636-9203

**Community Health Division**  
262-636-9431

**Laboratory Division**  
262-636-9571

## APPLICATION FOR TATTOO, AND BODY ART ESTABLISHMENT PERMIT

Pursuant to Municipal Code Chapter 22

Return application with payment to the City of Racine Department of Customer Service  
730 Washington Ave, Room 103, Racine, WI 53403 – Make checks payable to "CITY OF RACINE"

NAME OF PERMITTEE (INDIVIDUAL, LLC, CORP, INC, ETC.)	ESTABLISHMENT NAME (DBA)
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
ESTABLISHMENT ADDRESS	
CITY, STATE, ZIP CODE	
NAME OF CONTACT, TITLE	NAME OF LOCAL CONTACT IF DIFFERENT, TITLE
CONTACT PHONE NUMBER	ESTABLISHMENT PHONE NUMBER
CONTACT EMAIL ADDRESS	ESTABLISHMENT EMAIL ADDRESS
Are you planning on remodeling? <input type="checkbox"/> YES* <input type="checkbox"/> NO * If yes, provide construction plans.	

### 1. Are you a Licensed Wisconsin Practitioner? ☐ Yes ☐ No

No person may tattoo, or body pierce another person, use or assume the title of tattooist or body piercer, or designate or represent themselves as a body piercer unless the person has obtained a license from the Department of Safety and Professional Services (DSPS).

<b>Name</b>	
<b>Credential/License #</b>	
<b>License Type</b>	
<b>Expiration</b>	
<b># of Employees</b>	
<b># of Tattooists</b>	
<b># of Body Piercers</b>	
<b># of Procedure Stations</b>	

### 2. What services will be offered?

Select all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Tattoo           | <input type="checkbox"/> Microblading                       |
| <input type="checkbox"/> Tattoo Removal   | <input type="checkbox"/> Body Piercing                      |
| <input type="checkbox"/> Permanent Makeup | <input type="checkbox"/> Ear Piercing (exempt from permit). |
| <input type="checkbox"/> Micro dermal(s)  | <input type="checkbox"/> Other                              |

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3. Describe your sharps disposal plan? \_\_\_\_\_

4. Will an ultrasonic equipment cleaning device be onsite? ☐ Yes ☐ No

5. Will a sterilization autoclave be onsite? ☐ Yes ☐ No

6. Anticipated opening date: \_\_\_\_\_

7. Proposed hours of operation (Include A.M. or P.M.):

Day of the Week	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**COMPLEXITY**

Tattoo Establishment

Body Piercing Establishment

Combined Tattoo and Body Piercing  
Establishment

Temporary Tattoo and/or Body Piercing

<b>Complexity Type</b>	
<b>Determined by Sanitarian</b> (Initial/Date)	
<b>Pre-Inspection Fee</b>	\$ _____
<b>Permit Fee</b>	\$ _____
<b>Other Fees</b> (if applicable)	\$ _____
<b>Total Paid</b> \$ _____	