



## TEMPORARY TATTOO & BODY PIERCING INFORMATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION

CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202 ▪

(414) 286-2238 ▪ [license@milwaukee.gov](mailto:license@milwaukee.gov) ▪ [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

### License Period

7 days or less

### Fee

\$175

### Forms Required at Time of Application

- Temporary Tattoo & Body Piercing Application (ccl-tbptemp)
- If only single use disposable items are used for tattooing, also submit the Tattoo & Body Piercing Establishment Variance or Health Department Approval Application for Specialized Processes, Practices or Conditions (ccl-tbpvvari).

### Supporting Documentation –

#### Submit with application or have available at preinspection

- Standard operating procedures including infection prevention and control plan.
- Equipment list of all items to be used during a tattoo or body piercing procedure or used for sterilization.
- Sharps disposal plan.
- Copies of practitioner licenses for all artists.
- Copy of client log, consent form, aftercare instructions, and age limitation sign.

### Supporting Documentation –

#### Have available at preinspection

If an autoclave for sterilization will be onsite, a copy of initial spore test results must be provided to the inspector at the time of preinspection. (required if any piercing will be done)

### Milwaukee Code of Ordinances

Regulations relating to Tattoo & Body Piercing Establishments are established in the Milwaukee Code of Ordinances 75-23 which can be found at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses)



## TEMPORARY TATTOO & BODY PIERCING APPLICATION

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OPERATOR INFORMATION							
Legal Entity Name (sole proprietor, partnership, corporation or LLC):				Business/Trade Name:			
Business Address (include city/state/zip):					Business Phone #		
Agent's Name:				Agent's Date of Birth:			
Agent Home Address (include city/state/zip):					Agent's Phone #		
Name of Person-in-Charge at Event (if different than Agent):					Person-in-Charge Phone #:		
Name(s) of all Licensed Tattoo/Body Art Practitioner(s):							
EVENT INFORMATION							
Event Name:				Event Date(s):			
Event Address (include city/state/zip)					Estimated Total Attendance:		
Name of Event Organizer:				Phone #			
Name of Event Contact Person:				Event Contact's Phone #:			
Hours of Operation (include a.m. or p.m.)							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Stop Time							
Services Offered (check all that apply):							
<b>Tattoo Services</b> <input type="checkbox"/> Braiding <input type="checkbox"/> Branding <input type="checkbox"/> Permanent Makeup				<input type="checkbox"/> Scarification <input type="checkbox"/> Subdermal Implants <input type="checkbox"/> Tattoo		<input type="checkbox"/> Tattoo Removal <input type="checkbox"/> Other:	
				<b>Piercing Services</b> <input type="checkbox"/> Body Piercing <input type="checkbox"/> Ear Piercing			
Will an autoclave for sterilization be onsite? (required if any piercing will be done) <input type="checkbox"/> Yes A copy of the initial spore test results must be provided to the inspector at the time of preinspection. <input type="checkbox"/> No If only single use disposable items are used for tattooing, also submit the "Tattoo & Body Piercing Establishment Variance or Health Department Approval Application for Specialized Processes, Practices or Conditions" (ccl-tbptvari)							
Will an ultrasonic device for equipment cleaning be onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Office Use Only				
Filed	Initials	Variance <input type="checkbox"/> N/A <input type="checkbox"/> Attached	Application #	Paid
HD		License #		

**LOCATION**Describe Location Type:  Stand  Booth  Other:Describe Location:  Indoors  Outdoors**If Outdoors, Complete the Following:**Overhead Covering  Canvas  Wood  Other: \_\_\_\_\_Floor  Asphalt  Concrete  Wood  Wood Chips  Grass/Dirt  Other: \_\_\_\_\_Walls  Screens  Canvas  Wood  Concrete  Other: \_\_\_\_\_Booth supplied by:  Operator  Event Organizer  Rent from: \_\_\_\_\_**Provide a sketch below of the general layout of the stand/booth:****ACKNOWLEDGEMENTS & SIGNATURES**If you have not submitted payment, may we email your invoice rather than send it out by postal mail?  No  Yes

If yes, provide email address: \_\_\_\_\_

I/we understand that the booth/stands(s) must meet the requirements of the Wisconsin State Statutes and Milwaukee Code of Ordinances at the time of inspection or the Temporary Tattoo &amp; Body Piercing License may be revoked.

I/we understand that if I/we decide not to attend the event, I/we must withdraw the application BEFORE the event starts. Otherwise, I/we will be responsible to pay the outstanding fee(s), before obtaining any other licenses/permits.

\_\_\_\_\_  
Signature of Sole Proprietor, Partner, Agent or 20% or More Shareholder of Corporation or LLC\_\_\_\_\_  
Signature of Additional Partner(s)File your application one month or more prior to an event to ensure timely processing and approval.  
Failure to do so may result in the assessment of additional fees.



**TATTOO & BODY PIERCING ESTABLISHMENT VARIANCE  
OR HEALTH DEPARTMENT APPROVAL APPLICATION  
FOR SPECIALIZED PROCESSES, PRACTICES OR CONDITIONS**

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No Fee: If submitting with your initial Tattoo & Body Piercing Application.  
\$75 Fee: If you are an existing establishment and submitting this form with a Modification Request.

**APPLICANT**

Legal Entity Name:	Trade/DBA Name:
Business Address:	Business Phone #:
Agent's Name:	Agent's Contact Phone #

**VARIANCE/APPROVAL BEING REQUESTED**

Check all variances/approvals being requested:

Sterilization – Use of single use disposable products for tattooing / no autoclave on site (no piercing allowed)

Other (including construction and design) – Describe:

Ordinance(s), statute or administrative rule requirement(s) for which approval or a variance is being requested:

General description of the variance being requested and why the request is needed:

Additional steps that will be taken to address potential public health hazards and nuisances:

**Signature Required on Reverse Side**

**OFFICE USE ONLY**

Initials	Date	Application #	Fee Paid
HD Approval	ALD Approval	License #	

## ACKNOWLEDGEMENT & SIGNATURES

I/we understand that all fees must be paid before the application will be reviewed by the Health Department. I/we understand the Health Department has up to 30 days from the date of application to review. Certain variance requests require approval by the State of Wisconsin. These must be sent to the State by the Health Department. (Do not submit requests directly to the state, they will not be accepted.)

I/we acknowledge that Health Department approval of the variance or approval may be conditional and failure to comply with the conditions of approval may result in the variance or approval being revoked. Determination of whether or not the conditions of approval are being met will be assessed as part of routine inspection.

I/we acknowledge that department approvals or variances are only valid for five years from the date of issuance. I must reapply if I wish to renew the variance or department approval. I/we acknowledge that compliance with the statute and the requirements of Chapter 75-23 of the Milwaukee Code of Ordinances is a condition of approval. Noncompliance may result in revocation of my variance or department approval.

\_\_\_\_\_  
Signature of Sole Proprietor, Partner, Agent or 20% or More Shareholder of Corporation or LLC

\_\_\_\_\_  
Signature of Additional Partner(s)

## DO NOT WRITE BELOW - FOR OFFICIAL USE ONLY

### APPROVALS

Consumer Environmental Health Coordinator or Supervisor Recommendation

Approved  Denied  
 Approved with Conditions

Comments/Conditions

CEH Coordinator or Supervisor Signature

Date Reviewed

Consumer Environmental Health Director Decision (if required)

Approved  Denied  
 Approved with Conditions

Director Comments

CEH Director Signature

Date Reviewed

State Review Required

Yes  No

Date Submitted

State Review Outcome

Approved  Denied  
 Approved with Conditions

Date State Reviewed