



TATTOO & BODY PIERCING ESTABLISHMENT SUPPLEMENTAL INFORMATION

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 e-mail address: license@milwaukee.gov www.milwaukee.gov/license

License Period

All licenses expire on June 30th.

Exception: If the license is issued during the period beginning April 1st and ending on June 30th, the license will expire on June 30th of the following year.

Definitions

TATTOO means to insert pigment under the surface of the skin of a person, by pricking with a needle or otherwise, so as to produce an indelible mark or figure through the skin.

BODY PIERCING means perforating any human body part or human tissue, except an ear, and placing a foreign object in the perforation in order to prevent the perforation from closing.

APPLY FOR THE LICENSE

Submit the following items:

- Business Application (ccl-busapp)
- Business Plan of Operation (busplan)
- Tattoo & Body Piercing Establishment Supplemental Application (ccl-tbapp)
- Floor plan.
 - See sample plan and list of required items. Must be on 8 ½ x 11 paper, does not need to be to scale, and can be handwritten.
- \$123 Preinspection Fee for all Establishments AND
 - \$375 for Tattoo Establishment
 - \$375 for Body Piercing Establishment
 - \$550 for Combined Tattoo & Body Piercing

Wisconsin Seller's Permit

Not Required.

Contact the District Alderperson

You may wish to contact the district alderperson where your business will be located at (414) 286-2221 to discuss your plans.

Contact the Health Department

At least 24 hours after filing the application, contact the Health Department at (414) 286-3674 or cehcoordinator@milwaukee.gov to schedule a preinspection.

Supporting Documentation – Must be available onsite for the preinspection:

- Equipment list of all items to be used during a tattoo or body piercing procedure or used for sterilization.
- List of all finished materials (such as wood, tile, concrete, etc.) used on floors, walls, ceilings, counter tops, storage cabinets, and procedural tables and surfaces.
- Lighting plan showing locations and specifications of fixtures.
- Sharps disposal plan.
- Insect and rodent control plan.
- Standard operating procedures including an infection prevention and control plan
- Copies of practitioner licenses for all artists.
- Facility documents including a copy of client log, consent form, aftercare instructions, and age limitation sign.
- If an autoclave for sterilization will be onsite, a copy of initial spore test results.

ADDITIONAL INFORMATION

Individual Tattoo Artists and Body Piercers

Each individual artist/piercer must obtain a license from the Wisconsin Department of Health Services, (608) 266-2835, <https://www.dhs.wisconsin.gov/>

Extended Hours Establishment License

An Extended Hours Establishment License is required for businesses open between the hours of 12:00 a.m. and 5:00 a.m. This license is also obtained from our office.

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.

Airbrush Tattooing

This license is not required for airbrush tattooing. Contact the City of Milwaukee Department of Neighborhood Services and Wisconsin Department of Safety & Professional Services to inquire if permits/licenses are needed from them.



TATTOO & BODY PIERCING ESTABLISHMENT SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202
(414) 286-2238 e-mail address: license@milwaukee.gov www.milwaukee.gov/license

Legal Entity Name: _____

Premise Address: _____

SERVICES OFFERED (check all that apply)

TATTOO SERVICES		PIERCING SERVICES
<input type="checkbox"/> Tattoo <input type="checkbox"/> Tattoo Removal <input type="checkbox"/> Permanent Makeup <input type="checkbox"/> Microblading	Other Body Art: <input type="checkbox"/> Scarification <input type="checkbox"/> Subdermal Implants <input type="checkbox"/> Braiding <input type="checkbox"/> Branding <input type="checkbox"/> Other:	<input type="checkbox"/> Body Piercing <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Microdermals <input type="checkbox"/> Other:

Will an ultrasonic device for equipment cleaning be onsite? Yes No

Describe the hand washing method used in procedure area(s)? _____

Number of Employees:	Number of Tattooists:	Number of Body Piercers:	Number of Procedure Stations:
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ACKNOWLEDGEMENT & SIGNATURES

I/we will not operate the business until the license has been issued and posted in the establishment.

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

Signature of Additional Partner(s)

Supporting Documentation

The following documentation must be available onsite for the preinspection.

APPLICANT Check only those items you are submitting with this application:	FOR HEALTH DEPARTMENT USE ONLY					
	Reviewed			Approved		
<input type="checkbox"/> Floor Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Equipment List	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> List of all finished materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Lighting Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Sharps Disposal Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Insect & Rodent Control Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Standard Operating Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Infection Prevention & Control Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Copies of Practitioner Licenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Facility Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Copy of Initial Spore Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Office Use Only

Filed		Initials		Application #		Paid	
MPD	CC	HD	NS	Granted		License #	

Tattoo & Body Piercing and Massage Establishment Detailed Floor Plan Requirements

Please read all instructions before preparing the floor plan.

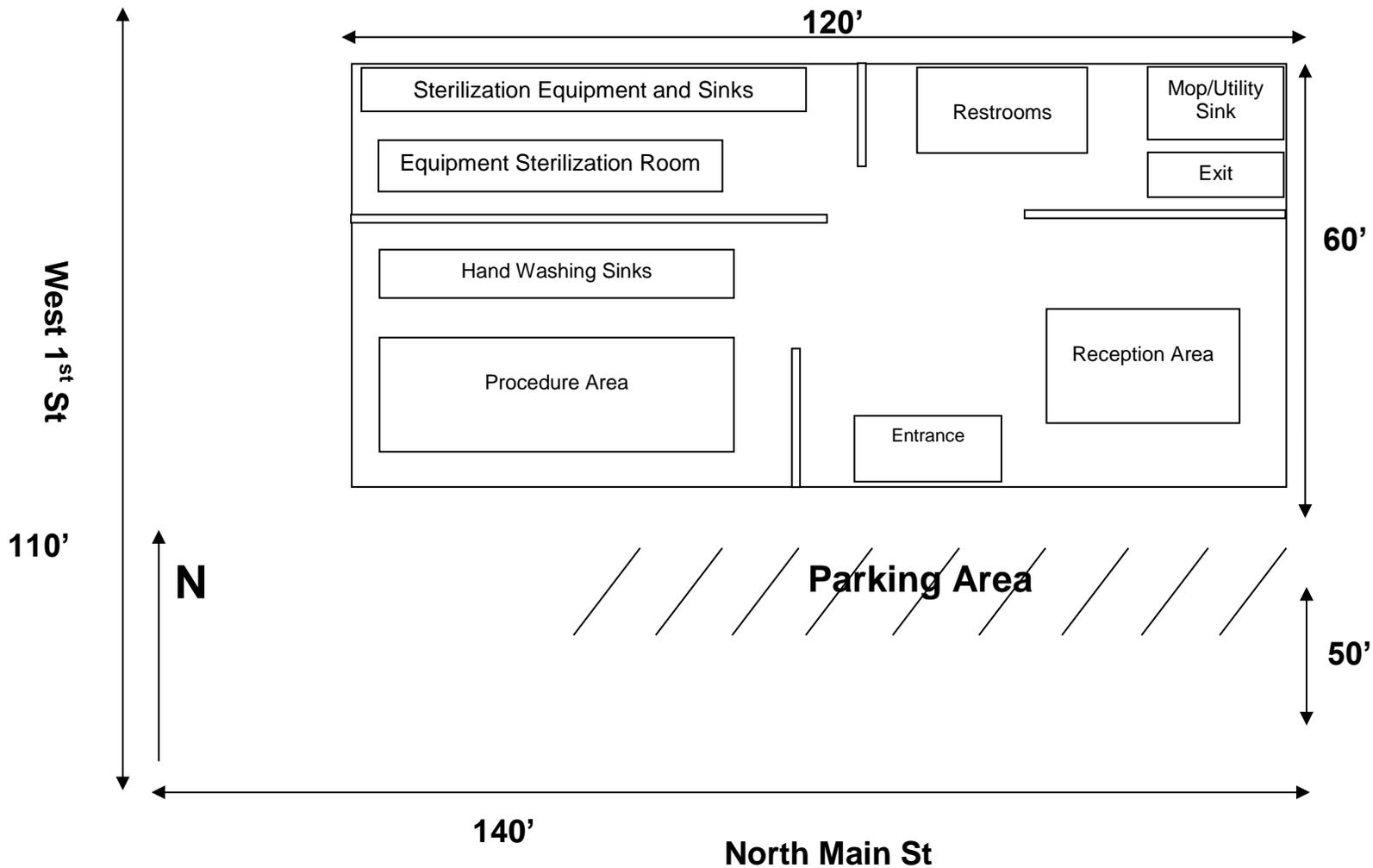
- A detailed floor plan must be submitted with this application.
- Any application submitted without the detailed floor plan (including all required items listed below) will be returned.
- Even if the premise has been previously licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 ½ x 11 inch size paper.
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.

ALL FLOOR PLAN MUST INCLUDE THE FOLLOWING:

1. Dimensions of the premises (length x width) and
 Total square feet of the premises
2. Label all entrances and exits
3. Show building/licensed premises in relation to surrounding streets and
 Provide street names
4. Label all parking areas on the premises (do not include street parking) This is required even if the parking is shared, for example, a strip mall and
 Provide the dimensions (length x width) of all parking areas on the premises. The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
5. Label all procedure areas
6. Label all customer lounge/reception areas
7. Label all hand washing sinks
8. Label all restrooms
9. Label all mop sinks and utility sinks
10. Label equipment sterilization room with sinks and sterilization equipment
11. Mark the North point (N↑) on each page
12. Write the legal entity name (and agent's name if a corporation or LLC) on each page
13. Write the trade (business) name on each page
14. Write the premise address on each page
15. Write the date on each page

Floor Plan Sample:

Please see the Tattoo & Body Piercing and Massage Establishment Detailed Floor Plan Requirements for a list of all items that **must** be included.



Jane A. Doe, Agent for "ABC, LLC"
dba "Jane's"
123 S. Any Street
Date: June 1, 2015

Total
Square
Footage =
7200'