Department of Public Health

Dottie-Kay Bowersox, MSA Public Health Administrator

730 Washington Avenue Racine, Wisconsin 53403 262-636-9201 262-636-9564 FAX



Website: www.cityofracine.org/Health Email: publichealth@cityofracine.org/Health

262-636-9203
Community Health Division
262-636-9431
Laboratory Division
262-636-9571

Environmental Health Division

APPLICATION FOR BODY ART ESTABLISHMENT LICENSE

INSTRUCTIONS: PLEASE PRINT CLEARLY AND FILL IN ALL BLANKS.

MAKE CHECKS PAYABLE TO "CITY OF RACINE."

TO PAY BY CREDIT CARD, FILL OUT CARD INFORMATION ON BACK OF APPLICATION
RETURN WITH PAYMENT TO: CITY OF RACINE PUBLIC HEALTH DEPARTMENT
730 WASHINGTON AVE., ROOM #1, RACINE, WI 53403

NAME OF LICENSEE / OPERATOR / CORP / LLC / ETC	BUSINESS ADDRESS	CONTACT PHONE
ESTABLISHMENT NAME	ESTABLISHMENT ADDRESS	ESTABLISHMENT PHONE

MAILING ADDRESS, IF DIFFERENT

EMAIL ADDRESS

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ESTABLISHMENT TYPE	PRE-INSPECTION / APPLICATION FEE	ACCOUNT #	ANNUAL LICENSE FEE	ACCOUNT #
TATTOO ESTABLISHMENT	310.00 INSPHL	120 46590	215.00 TATTOO	120 44110
BODY ART ESTABLISHMENT	310.00 INSPHL	120 46590	215.00 TATTOO	120 44110
COMBINED TATTOO/BODY ART ESTABLISHMENT	310.00 INSPHL	120 46590	335.00 TATTOO	120 44110
TEMPORARY EVENT BODY ART/PIERCING		120 46590	125.00 TATTOO	120 44110
DUPLICATE/REPLACEMENT PERMIT			20.00 ENVOTH	120 46590

TERMS- READ THIS INFORMATION BEFORE SIGNING

All establishments shall be required to have appropriate permit(s)/license(s) as described in the City Ordinance. All establishments shall comply with the requirements of the Wisconsin Administrative Code.

The fees for the appropriate permit(s)/license(s) are due and payable before the first issuance of such permit(s)/license(s), and ANNUALLY BEFORE JUNE 30TH EACH YEAR. *OPERATING WITHOUT A PERMIT/LICENSE WILL RESULT IN A \$850.00 PENALTY ACCORDING TO MUNICIPAL AND STATE CODES. * All fees are non-refundable.

All establishments must be inspected before a new permit/license is granted. A report of inspection indicating that the establishment meets the local/state regulations is necessary before the permit/license will be signed/released.

All permits remain in effect during compliance with the term under which they are granted.

UPON APPROVAL TO THE DEPARTMENT, PERMITS WILL BE ISSUED WITHIN THIRTY (30) DAYS.

Pre-Inspection Fee: License Fee: Total Paid:	Date Paid:	Receipt #:	Payment Method:
	Pre-Inspection Fee:	License Fee:	Total Paid:

SIGNING BELOW INDICATES YOU AGREE TO THE ABOVE TERMS

APPLICANT SIGNATURE	PRINT NAME	_
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	
20	1 Application for Body Art Establishment License	

CREDIT CARD PAYMENT (MC OR VISA) EXP DATE BILLING ZIP CODE CVV CODE(ON BACK OF CARD) NAME AS SHOWN ON CARD

Credit Card Information: