

## **Hales Corners Health Department**

5635 S. New Berlin Road Hales Corners, WI 53130 (414) 529-6155 (414) 529-6157 Fax

## TATTOO AND BODY PIERCING ESTABLISHMENT APPLICATION

PLEASE PRINT				Lic	License Year: July 1, 20 to June 30, 20			
NAME OF ESTABLISHMENT					DATE	OF BIRTH *	TELEPHONE NUMBER	
LOCATION OF ESTAB	LISHMENT	(Street number, n	ame, and	d other address	details)			
VILLAGE					ZIP CODE			
Hales Corners						53130		
LEGAL LICENSEE					ZIP CODE			
HOME ADDRESS OF LEGAL LICENSEE				COUNTY Milwaukee				
					'			
Check appropriate category:	Annual Fee	Pre- Inspection Fee	Total Due		SAF	Check ty	pe of establishment:	
☐ Tattoo	\$140	\$240	\$380		\$20	□ Pe	rmanent	
☐ Body-Piercing	\$140	\$240	\$380		\$20	☐ <b>Te</b> than 7 days	mporary (no more s/event)	
☐ Combined	\$225	\$375	\$60	0 \$20				
Intended date for op NOTE: Village Board Has this establishme	approval i	s required prio			he name of form	er operator and	name of establishment:	
□ No □ Yes (see right)								
Has this applicant ever had a tattoo/body piercing establishment license suspended or revoked?  No Yes (see right)				If Yes, give the reason and the business entity or trade name under which the applicant operated that was subject to the suspension or revocation:				

Name of tattooist/body piercer	State of Wisconsin ID Number	<b>Expiration Date</b>

Name of Corporation  Date of Incorporation  State of Incorporation  Name of Registered Agent  Address of Agent  If corporation or limited liability corporation (LLC), list each corporate officer and director  Name  Address  Date of Birth*  If partnership, list all partners or limited partners  Name  Address  Date of Birth*  * Written proof required – show driver's license, birth certificate, passport or other valid form of identification  Attach proof of ownership, lease, or other documentation where the licensed establishment is to be located.  YOUR SIGNATURE BELOW WILL ACKNOWLEDGE THAT YOU HAVE RECEIVED AND WILL COMPLY WITH ALL APPLICABLE VILLAGE OF HALES CORNERS ORDINANCES AND WISCONSIN ADMINISTRATIVE CODE(S).	If this applicant is a corporation, li	st all shareholders who own more than 10% o	f the stock
Name of Registered Agent  Address of Agent  If corporation or limited liability corporation (LLC), list each corporate officer and director  Name  Address  Date of Birth*  If partnership, list all partners or limited partners  Name  Address  Date of Birth*  * Written proof required – show driver's license, birth certificate, passport or other valid form of identification  Attach proof of ownership, lease, or other documentation where the licensed establishment is to be located.  YOUR SIGNATURE BELOW WILL ACKNOWLEDGE THAT YOU HAVE RECEIVED AND WILL COMPLY WITH ALL APPLICABLE VILLAGE OF HALES CORNERS ORDINANCES AND WISCONSIN ADMINISTRATIVE CODE(S).	Name	Address	Date of Birth*
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Signature of Operator Date of Application			
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Village Board Action: Date:	Village Board Action:	Date:	