



## 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

License Year: July 1, 20\_\_\_\_ to June 30, 20\_\_\_\_

<b>NAME OF ESTABLISHMENT</b>	<b>DATE OF BIRTH *</b>	<b>TELEPHONE NUMBER</b> (   )
<b>LOCATION OF ESTABLISHMENT</b> (Street number, name, and other address details)		
<b>VILLAGE</b> Hales Corners	<b>ZIP CODE</b> 53130	
<b>LEGAL LICENSEE</b>	<b>ZIP CODE</b>	
<b>HOME ADDRESS OF LEGAL LICENSEE</b>	<b>COUNTY</b> Milwaukee	

Check appropriate category:	Annual Fee	Pre-Inspection Fee	Total Due	SAF	Check type of establishment:
<input type="checkbox"/> Tattoo	\$140	\$240	\$380	\$20	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (no more than 7 days/event)
<input type="checkbox"/> Body-Piercing	\$140	\$240	\$380	\$20	
<input type="checkbox"/> Combined	\$225	\$375	\$600	\$20	

<b>Intended date for opening of business:</b> <b>NOTE: Village Board approval is required prior to opening.</b>	
<b>Has this establishment been previously licensed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (see right)	<b>If Yes, give the name of former operator and name of establishment:</b>
<b>Has this applicant ever had a tattoo/body piercing establishment license suspended or revoked?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (see right)	<b>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:</b>

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

