



97.30, 254.61, Wis. Stats; WI ADMIN CODE ATCP 75; WINNEBAGO COUNTY ORDINANCE 11.11

## 2025/2026 SPECIAL EVENT TATTOO AND BODY PIERCING APPLICATION

*Completed applications should be received (with all applicable fees) by the Winnebago County Public Health at least **1 week** before the event. Late fees may apply if not received one week prior to event. Please print neatly.*

OPERATOR INFORMATION			
Legal Entity Name (sole proprietor, partnership, corporation or LLC):			Business/Trade Name:
Business Address:			Business Phone:
City:	State:	Zip:	Email:
Name(s) of all Licensed Tattoo/Body Art Practitioner(s). Additional booth license is required for more than 8 practitioners:			
EVENT INFORMATION			
Event Name:		Estimated Total Attendance:	
Event Dates and Times:			
Event Address: (include city/state/zip)			
Name of event organizer/Coordinator/Host location:		Phone:	Email

Fees		
Check one	License type	Amount
<input type="checkbox"/>	Temporary Tattoo Establishment	\$191.00
<input type="checkbox"/>	Temporary Body Piercing	\$191.00
<input type="checkbox"/>	Combined Temporary Tattoo/Body Piercing	\$229.00

Make Checks Payable To	Winnebago County Public Health	<a href="http://www.winnebagocountywi.gov">www.winnebagocountywi.gov</a>
Submit To	Winnebago County Public Health 112 Otter Ave, 2 <sup>nd</sup> Floor Oshkosh, WI 54903-2808	<a href="mailto:health@winnebagocountywi.gov">health@winnebagocountywi.gov</a> Phone: 920-232-3000 Fax: 920-232-3370

Office Use Only		
Amount Paid: _____	Date: _____	Permit Issued: _____

<b>Services Offered (check all that apply):</b>			
<b>Tattoo Services</b>		<b>Body Piercing Services</b>	
<input type="checkbox"/> Tattoo <input type="checkbox"/> Permanent Makeup/Microblading		<input type="checkbox"/> Body/Ear Piercing <input type="checkbox"/> Other _____	
<p><b>Will an ultrasonic device for equipment cleaning be on-site?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Describe the type of handwashing station to be used by practitioner(s) and where it will be located:</b>  <input type="checkbox"/> Plumbed Sink   <input type="checkbox"/> Portable Handwashing Station</p> <p><b>Tattoo Machine Type and Manufacturer:</b></p>			

<b>Location</b>				
Located: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors     Alcohol Present: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Complete the Following Finishes for Both Indoor and/or outdoor stations:</b>				
Overhead covering	<input type="checkbox"/> Canvas	<input type="checkbox"/> Wood	<input type="checkbox"/> Other: _____	
Floor (carpet, porous material prohibited)	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other: _____
Walls	<input type="checkbox"/> Screens	<input type="checkbox"/> Canvas	<input type="checkbox"/> Wood	<input type="checkbox"/> Other: _____
Booth/Stand Supplied By:	<input type="checkbox"/> Operator	<input type="checkbox"/> Event Organizer	<input type="checkbox"/> Rent from:	
<b>Provide a sketch below of the general Layout of the stand/booth. Include the type of handwashing station to be used AND its proximity/availability to the procedure area (tables, chairs, trash bins, sharps disposal containers)</b>				
<b>Acknowledgements &amp; Signatures</b>				
<p>I/we understand that the booth/stands(s) must meet the requirements of the Wisconsin State Statutes at the time of inspection, or the Temporary Tattoo &amp; Body Piercing License may be revoked.</p> <p>I, the agent/person in charge of the Legal Entity named on this application, acknowledge I have entered into an agreement with the practitioner(s) listed above to offer body art services and use facilities at this booth and agree to provide the practitioner access to the booth/stand on the days/times indicated above. I acknowledge that as the primary agent of the station, I am responsible for the health regulations and sanitation practices of those I have agreed with to practice at the event, and as such, I acknowledge I am responsible for maintaining the services/facilities being provided to the practitioner in compliance with the Wisconsin Tattoo and Body Piercing Chapter SPS 221.</p>				
<div style="text-align: center; margin-top: 40px;"> <hr style="width: 60%; margin: 0 auto;"/> <p>Signature of Sole Proprietor, Partner, Agent or ≥20% Shareholder of Corporation or LLC</p> </div>				
<div style="text-align: center; margin-top: 40px;"> <hr style="width: 60%; margin: 0 auto;"/> <p>Signature of Additional Partner(s)</p> </div>				