



**Public Health**  
Prevent. Promote. Protect.

Hales Corners Health Department

**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 LEGAL LICENSEE 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>HOME ADDRESS OF LEGAL LICENSEE</b>		<b>ZIP CODE</b>	
<b>NAME OF ESTABLISHMENT</b>		<b>COUNTY</b> Milwaukee	

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

<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>

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

<b>If this applicant is a corporation, list all shareholders who own more than 10% of the stock</b>		
Name	Address	Date of Birth*
Name of Corporation	Date of Incorporation	State of Incorporation
Name of Registered Agent	Address of Agent	

<b>If corporation or limited liability corporation (LLC), list each corporate officer and director</b>		
Name	Address	Date of Birth*

<b>If partnership, list all partners or limited partners</b>		
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).**

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date of Application

Village Board Action: \_\_\_\_\_ Date: \_\_\_\_\_