



Body Art Facility Plan Review Application

January 1, 2026

Plan Review Requirement

La Crosse County Environmental Health has a plan review requirement and fee for all new and remodeled body art establishments or establishments that have a change of owner in La Crosse County.

Please complete the plan review to the best of your ability and return to Megan Watters in the Environmental Health Department with all items requested along with payment of \$250.00. Failure to return items requested or fee will delay the review process.

Per DSPS 221, our department has 30 business days to complete the plan review of completed documents. If all items are not received or are incomplete, the timeline is paused and / or started over. If less than 30 business days is needed, a rush fee of \$250 will be charged in addition to the \$250 plan review fee.

If you have questions, please contact us at 608-785-9771 or email mewatters@lacrossecounty.org.

For office use only

Date Submitted: _____	Date Additional information requested: _____
Date Reviewed: _____	Projected Opening Date: _____

The plan review and all required attachments must be submitted and approved by the Health Department before construction or ownership begins. If the plans are incomplete and/or cannot be reviewed, our department will notify the Establishment's Local Contact within 10 business days of submission. Once the application is complete, the department will review it within 20 business days of submission.

Note: Both written plan review approval and pre-inspection are required before starting operations and the granting of a license. Be advised, regulations are subject to change. Any changes to plans that have not been reviewed must be submitted for approval by the Health Department.

1. Prior to submitting this application, please:
 - a. Review the Wisconsin Tattoo Code – SPS 221
 - i. https://docs.legis.wisconsin.gov/code/admin_code/sps/professional_services/220/221
 - b. Apply for your practitioner's license through the Wisconsin Department of Safety and Professional Services (DSPS). Please note this can take up to three (3) months to be approved.
 - i. <https://dsps.wi.gov/Pages/Professions/TattooistBodyPiercer/Default.aspx>
2. Email this completed application, along with the following items, to our department at environmental@lacrossecounty.org
 - a. Copy of Current Practitioner's License(s)
 - i. Tattoo and/or Body Piercing
 - b. To-scale floor plan that includes:
 - i. Client reception area
 - ii. Employee storage and break rooms
 - iii. Restrooms
 - iv. Handwashing Sinks
 - v. Sinks for cleaning equipment
 - vi. Procedural areas
 - vii. Mop sink

- viii. Equipment storage
- ix. Chemical storage
- x. Personal / separated living space
- xi. Any separate business space accessible to the establishment
- xii. Note: Determine if you will be using all disposable equipment.

- c. Pre-Procedure Consent Form
- d. Aftercare Instructions

3. Establishment Information

- a. Please indicate the situation that best fits your facility

- New Body Art Facility
- Existing Facility Remodel
- Change of Ownership

- b. Name of Establishment

- c. Address of Facility:

- i. Street Address

- ii. Street Address Line 2 (if applicable)

- iii. City

- iv. State/Province

- v. Postal/Zip Code

- d. Facility Phone Number

Operator Information

This may be the same as above. This information is used for communication and billing purposes.

1. Name of Licensee:
 - a. First Name
 - b. Last Name
2. Address of Licensee:
 - a. Street Address
 - b. Street Address Line 2 (if applicable)
 - c. City
 - d. State/Province
 - e. Postal/Zip Code
3. Daytime Phone Number of Licensee
4. Email Address of Licensee

Physical Facility Information

1. Type of Facility (Check all that apply):
 - Tattoo
 - Piercing
 - Branding
 - Permanent Cosmetics (i.e.: Permanent eyeliner, lip liner, lip shading)
 - Semi-Permanent Cosmetics (i.e.: Microblading)
2. How many total artists is this facility being designed for?
3. What are the scheduled hours of operation at the time of opening? (Example: Tues-Saturday: 11 AM – 9 PM; Sunday/Monday by appointment only):
4. Water and Sewer Facilities (Check all that apply):
 - Private Water (Well)
 - Private Sewer (Septic Tank or System)
 - Municipal Water (City Hook-Ups)
 - Municipal Sewer (City Sewer Services)

Waste and Sterilization Information

1. Name of Trash Disposal Service:
2. Name of sharps/bio-hazard disposal service:
3. Location of sharps disposal service (Must be an approved location **NOT** the large red hazardous waste bins):
4. Will you have reusable body art equipment in your facility? (i.e. needles, piercing equipment)
 - Yes
 - No, all disposable equipment
 - Unsure

Equipment and Supplies

Please fill out the details for the equipment and supplies applicable to your facility. If an item does not apply, write "N/A".

1. Autoclave: Make/Model: Supplier

2. Ultrasonic: Make/Model: Supplier

3. Disposable Gloves: Make/Model: Supplier

4. Tattoo Ink: Make/Model: Supplier

5. Piercing Jewelry: Make/Model: Supplier

6. Aftercare Dressings (Saniderm, Tagaderm, Other): Make/Model: Supplier

7. Disposable Equipment: Make/Model: Supplier

8. Sanitizer Type: Make/Model: Supplier

9. Other: Make/Model: Supplier

10. Other: Make/Model: Supplier

11. Add any additional equipment or supplier information in the space below:

Finishes (Types of Materials in Your Facility)

In the procedural areas, all finishes must be smooth, easily cleanable, and durable. Carpeting in procedural areas is **prohibited**. Please list finishes below and provide samples if requested.

1. Floors:
 - a. Reception Area
 - b. Procedural Areas
2. Walls:
 - a. Reception Area
 - b. Procedural Areas
3. Coving:
 - a. Reception Area
 - b. Procedural Areas
4. Ceilings:
 - a. Reception Area
 - b. Procedural Areas
5. Workstations:
 - a. Reception Area
 - b. Procedural Areas

Submit the following documents to: environmental@lacrossecounty.org

- Completed application
- Copy of practitioner's license(s)
- Copy of to-scale floor plan
- Pre-procedure consent form
- Aftercare Instructions