



Body Art Petition for Variance Application – 1000-IS

Personal information you provide may be used for secondary purposes
[Privacy Law s. 15.04(1)(m), Stats.]

-Complete all pages-

Petitioner
Name of Individual or Establishment Seeking Variance:
Affected Establishment Name:
Affected Establishment License Number:
Affected Establishment Address Number and Street:
Affected Establishment City, State, Zip Code:

Variance Request Information
1. Subject/Issue – Explain the specific practice, provision, operation, condition, construction, installation or issue you are requesting be covered with this petition. Please be concise.
2. State the specific date when you wish this petition to be effective:
3. Justification – Explain in detail why a variance is being requested. Clearly state why compliance with the code cannot be attained without a variance. Explain the effect(s) of the modification/omission on public health or safety. State your proposed means and rationale of providing equivalent degree of protections. Include additional pages here if necessary.

The burden of proof for convincing information is the responsibility of the submitter's. Failure to provide this information, relevant inclusions/requested information in a timely manner is automatically justification for this agency's denial of a petition. Make copies of all submittals. This information will not be returned and will be included in the state record.

Submit completed application and any supporting documentation to your local Agent Health Department if your local Health Department performs Body Art Inspections. If your local Health Department does not perform Body Art inspections, submit a completed application and any supporting documentation to DPS at: DSPSTattooBodyArt@wisconsin.gov or mail request to: DPS Tattoo Body Art, PO Box 7190, Madison, WI 53707

*Final approval must come from DPS

The information contained herein is accurate and truthfully representative of the conditions and circumstances relevant to this petition for variance. I understand that any approval from DPS can be conditional and defined for a limited period of time as experimental or trial only. I understand the consequences of misrepresentation and penalties of perjury and Wis. Stats. Chapter 463.18

Petitioner's Signature							
Petitioner's Printed Name		Petitioner's Email Address		Petitioner's Phone Number			
Petitioner's Street Address		City		State		Zip	

Agent Health Department Use Only			
Establishment Name:			
Name:		Title:	
Agency/Regional Office:		Date:	

<input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> No Opinion	Comments:
Official's Signature:	Official's Printed Name:

Questions can be sent to DSPSTattooBodyArt@wisconsin.gov.

Tattooing and Body Piercing Establishment Program Page: <https://dsps.wi.gov/Pages/Professions/TattooingBodyPiercingEstablishment/Default.aspx>