



**CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK**

Wednesday, March 26, 2025

**COMMITTEE MEETING NOTICE**

AD 13

ARTIGA, Lisa MARIE, Agent  
FUTURO ARTIGA CO.  
3180 S 27TH ST  
Milwaukee, WI 53215

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

**Tuesday, April 08, 2025 at 01:35 PM**

The access code is <https://meet.goto.com/902734029>. Please see the enclosed best practices document for further instructions.

**Regarding:** Your Tattoo and Body Piercing License Application as agent for FUTURO ARTIGA CO." for "WC TATTOOS AND PIERCINGS" at 3180 S 27TH St.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

**Notice for applicants with warrants or unpaid fines:** Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

**JIM OWCZARSKI, CITY CLERK**

BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

**If you have questions regarding this notice, please contact the License Division at (414) 286-2238.**

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. [www.milwaukee.gov/license](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: [License@milwaukee.gov](mailto:License@milwaukee.gov)

Dear, to whom it may concern

I am writing to formally appeal the denial of my tattoo establishment license due to a stated lack of experience. While I understand the city's concerns, I would like to provide additional context regarding my qualifications and the structure of my business.

I have conducted extensive research on the tattoo industry and the operations of successful shops. Additionally, I have a background in business management, including college coursework and hands-on experience managing businesses for past employers. My role will focus on the business side of operations—ensuring compliance, financial stability, and a well-managed establishment.

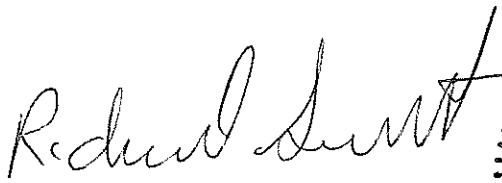
Furthermore, the artists I have employed bring extensive industry experience, having worked in multiple states for several years. Their expertise ensures that our shop meets professional standards for safety, artistry, and client care.

I would appreciate the opportunity to discuss this matter further and clarify any requirements necessary for reconsideration. Please let me know if a hearing or additional documentation is needed.

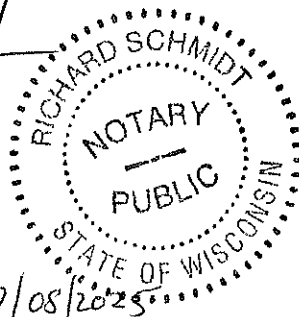
Thank you for your time and consideration. I look forward to your response.

Sincerely,

Lisa Artiga



Richard Schmidt



my commission expires 07/08/2025



Office of the City Clerk  
**License Division**

**Jim Owczarski**  
City Clerk  
jowcza@milwaukee.gov

**Jim Cooney**  
License Division Manager  
jim.cooney@milwaukee.gov

January 31, 2025

ARTIGA, Lisa MARIE  
FUTURO ARTIGA CO.  
3180 S 27TH St  
Milwaukee WI 53215

RE: Tattoo and Body Piercing License Application for 3180 S 27TH St  
**Immediate Response Required**

Dear ARTIGA, Lisa MARIE:

The local alderperson who represents the district for your proposed business objects to your application for a Tattoo and Body Piercing license at 3180 S 27TH St .

Their objection is based on:

- Lack of Experience

You have the right to file an appeal to the objection. The appeal must be in writing and addressed to the Licenses Committee of the Common Council. Submit your written statement appealing the local alderperson's objection within 10 working days of the date of this letter to the License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202.

If you do not file an appeal, no further action will be taken regarding your application. Contact the License Division for information regarding a partial refund of any paid license fees.

Sincerely,

Rolanda Collins  
License Specialist



# MILWAUKEE POLICE DEPARTMENT

## LICENSING

### CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

**DATE:** 01/29/2025

**LICENSE TYPE:** TATTOO

**NEW:** ☒

**RENEWAL:** ☐

**No. 376213**

**Application Date:**

**License Location:** 3180S. 27<sup>th</sup> Street

**Business Name:** Furturo Artiga

**Licensee/Applicant:** Artiga, Lisa  
(Last Name, First Name, MI)

**Date of Birth:** 09/01/1996

**Home Address:** 2259 S 23<sup>rd</sup> St

**City:** Milwaukee

**State:** WI **Zip Code:** 53215

**Home Phone:** 414-531-2415

This report is written by Police Officer Carlos Felix, assigned to the License Investigation Unit, Days.

The Milwaukee Police Department's investigation regarding this application revealed the following:

1. On 06/30/18, the applicant was charged with OWI in Milwaukee County Circuit Court. On 07/27/18, they were convicted and license was revoked for 6 months.



Wednesday, March 26, 2025



# Notice of Public Hearing

Blank Notice

---

ARTIGA, Lisa MARIE, Agent  
WC TATTOOS AND PIERCINGS at 3180 S 27TH St  
Tattoo and Body Piercing License Application

**Tuesday, April 08, 2025 at 1:35 PM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 4/8/2025 at 1:35 PM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

---

## **Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:**

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.  
**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	2630 W EUCLID AVE	MILWAUKEE, WI 53215-4433
CURRENT OCCUPANT	2630 W EUCLID AVE# A	MILWAUKEE, WI 53215-4433
CURRENT OCCUPANT	3141 S 26TH ST	MILWAUKEE, WI 53215-4420
CURRENT OCCUPANT	3141A S 26TH ST	MILWAUKEE, WI 53215-4420
CURRENT OCCUPANT	3147 S 26TH ST	MILWAUKEE, WI 53215-4420
CURRENT OCCUPANT	3147A S 26TH ST	MILWAUKEE, WI 53215-4420
CURRENT OCCUPANT	3153 S 26TH ST	MILWAUKEE, WI 53215-4420
CURRENT OCCUPANT	3156 S 26TH ST	MILWAUKEE, WI 53215-4421
CURRENT OCCUPANT	3158 S 27TH ST	MILWAUKEE, WI 53215-4338
CURRENT OCCUPANT	3159 S 26TH ST	MILWAUKEE, WI 53215-4420
CURRENT OCCUPANT	3162 S 26TH ST	MILWAUKEE, WI 53215-4421
CURRENT OCCUPANT	3163 S 26TH ST	MILWAUKEE, WI 53215-4420
CURRENT OCCUPANT	3168 S 26TH ST	MILWAUKEE, WI 53215-4421
CURRENT OCCUPANT	3168 S 28TH ST	MILWAUKEE, WI 53215-4308
CURRENT OCCUPANT	3169 S 26TH ST	MILWAUKEE, WI 53215-4420
CURRENT OCCUPANT	3172 S 26TH ST	MILWAUKEE, WI 53215-4421
CURRENT OCCUPANT	3172 S 28TH ST	MILWAUKEE, WI 53215-4308
CURRENT OCCUPANT	3173 S 26TH ST	MILWAUKEE, WI 53215-4420
CURRENT OCCUPANT	3176 S 27TH ST	MILWAUKEE, WI 53215-4338
CURRENT OCCUPANT	3177 S 27TH ST	MILWAUKEE, WI 53215-4337
CURRENT OCCUPANT	3177 S 27TH ST# A	MILWAUKEE, WI 53215-4337
CURRENT OCCUPANT	3178 S 26TH ST	MILWAUKEE, WI 53215-4421
CURRENT OCCUPANT	3178 S 28TH ST	MILWAUKEE, WI 53215-4308
CURRENT OCCUPANT	3179 S 26TH ST	MILWAUKEE, WI 53215-4420
CURRENT OCCUPANT	3200 S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3208 S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3208A S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3209 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3212 S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3213 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3219 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3223 S 26TH ST	MILWAUKEE, WI 53215-4422

Blank Notice

Total Records: 32

Radius 250 feet and Center of the Circle: 3180 S 27th St



## BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 www.milwaukee.gov/license e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

### 1. Type of Business

Applying for: ☐ Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: ☐ Delivery ☐ Drive Thru ☐ Dining Room  
☐ Self Service Laundry ☐ Massage Establishment ☐ Filling Station  
☒ Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating:

tattoo and piercing shop

Do you have any experience operating this type of business? ☒ No ☐ Yes If yes, explain:

### 2. Business Operations

- a. Proposed Opening Date: \_\_\_\_\_
- b. Is this premise under construction? ☒ No ☐ Yes If yes, list estimated completion date: \_\_\_\_\_
- c. Is this a franchise? ☒ No ☐ Yes
- d. Is this premises currently licensed? ☒ No ☐ Yes If yes, list type of license: \_\_\_\_\_
- e. Is the current licensee operating? ☒ No ☐ Yes If no, list date closed: \_\_\_\_\_
- f. Do you have future plans for other businesses, licenses or permits at this location? ☒ No ☐ Yes  
If yes, explain: \_\_\_\_\_
- g. Have you previously held an Extended Hours License in Milwaukee? ☒ No ☐ Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building? ☐ No ☒ Yes If yes, describe: barber shop 3178 S 27th

### 3. Litter & Noise

- a. How are grounds kept clean? ☒ Sweep ☐ Pressure Wash ☒ Pick Up Litter ☐ Other: \_\_\_\_\_
- b. How often will grounds be cleaned? ☐ Daily ☐ Weekly ☒ As Needed ☐ Monthly ☐ Other: \_\_\_\_\_
- c. Grounds cleaned by: ☒ Licensee ☐ Building Owner ☐ Employees ☐ Hired Maintenance ☐ Other: \_\_\_\_\_
- d. How are noise issues prevented and/or addressed? ☐ Security ☒ Manager approaches customer(s) ☐ Call Police  
☐ Signs Posted ☐ Other: \_\_\_\_\_
- e. Will a sound amplification system be used? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_

### 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: 12 Locations: 1 per station, 1 per bathroom, 2 lobby  
Outside: 1 Locations: behind building
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor: ☐ Advanced Disposal ☐ Waste Management ☒ Other: John's disposal

## 5. Security

- a. Are there onsite parking spaces? ☒ No ☐ Yes If yes, how many? \_\_\_\_\_ and describe the parking security plan: \_\_\_\_\_
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have licensed security on premise? ☒ No ☐ Yes If yes, how many? \_\_\_\_\_ and answer the following:  
What are their responsibilities? \_\_\_\_\_  
Describe equipment used \_\_\_\_\_  
List their License Number (s) \_\_\_\_\_
- d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? 4 and list locations: lobby, work area, back exit, front entrance
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

Alcohol _____%	Food _____% Cigarettes, Electronic Vape Devices, Tobacco Products _____%	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%			
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>100</u> %	Other _____% Describe: _____

## 7. Businesses/Licenses on the Premises (check all that apply):

### Type 1

- ☐ Full Service Restaurant ☐ Cafe/Coffee Shop ☐ Deli or Fast Food Restaurant ☐ Private/Fraternal/Veterans Club
- ☐ Night Club ☐ Tavern ☐ Cocktail Lounge ☐ Teen Club
- ☐ Banquet Hall ☐ Sports Facility ☐ Bowling Alley
- ☐ Hotel/Motel : Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_  
Rooming House: Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

### Type 2

- ☐ Liquor Store ☐ Corner Store ☐ Supermarket ☐ Convenience Store
- ☐ Gas Station ☐ Amusement/Phonograph Distributor ☐ Recycling, Salvage or Towing
- ☐ Used Car Dealer ☒ Personal Service Establishment  
(such as tattoo business, hair salon, tailor, etc.) ☐ Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- ☒ Occupancy Permit ☐ Cigarette, Tobacco, Electronic Vape Products ☐ Gas Station ☐ Extended Hours ☐ Class "B" Tavern ☐ Weights & Measures
- ☐ Secondhand Dealer ☐ Precious Metal & Gem ☐ Other: \_\_\_\_\_

## 8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity \_\_\_\_\_ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)



## 9. Premises Description

a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

☒ 1<sup>st</sup> Floor ☒ 2<sup>nd</sup> Floor ☒ Basement Storage ☐ Patio ☐ Beer Garden ☐ Sidewalk Café ☐ Deck ☐ Rooftop

☐ Other: Describe: \_\_\_\_\_

b. Describe Location: ☒ Major Thoroughfare ☐ Secondary Street ☐ Other: \_\_\_\_\_

c. Nearest Major Cross Street: Euclid

d. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: \_\_\_\_\_

e. Describe Premises Structure: ☐ Single Story ☒ Multi-Story - # of Stories 2 ☐ Other: \_\_\_\_\_

f. Describe Surrounding Area: ☒ Commercial ☐ Residential ☐ Industrial ☐ Other: \_\_\_\_\_

g. Building Owner Name: Andrea Johnson Phone Number: (262)443-1100

Building Owner Address: 608 Milwaukee St Delafield WI 53018

## 10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	11 am	8 pm	10	18-99	16 w/parent
Monday	11 am	8 pm	10	18-99	16 w/parent
Tuesday	11 am	8 pm	30	18-99	16 w/parent
Wednesday	11 am	8 pm	30	18-99	16 w/parent
Thursday	11 am	8 pm	30	18-99	16 w/parent
Friday	11 am	8 pm	30	18-99	16 w/parent
Saturday	11 am	8 pm	30	18-99	16 w/parent

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)

Andrea Johnson  
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign)

\_\_\_\_\_  
Signature of additional partner or 20% or more shareholder.

See Application Information for a complete list of all required application forms.

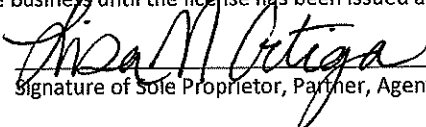


# TATTOO & BODY PIERCING ESTABLISHMENT SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: <u>Futuro Artiga Co</u>			
Premise Address: <u>3180 S 27th St. Milwaukee WI 53215</u>			
<b>SERVICES OFFERED (check all that apply)</b>			
<b>TATTOO SERVICES</b>		<b>PIERCING SERVICES</b>	
<input checked="" type="checkbox"/> Tattoo <input type="checkbox"/> Tattoo Removal <input type="checkbox"/> Permanent Makeup <input type="checkbox"/> Microblading		<input checked="" type="checkbox"/> Body Piercing <input checked="" type="checkbox"/> Ear Piercing <input type="checkbox"/> Microdermals <input type="checkbox"/> Other:	
Other Body Art: <input type="checkbox"/> Scarification <input type="checkbox"/> Subdermal Implants <input type="checkbox"/> Braiding <input type="checkbox"/> Branding <input type="checkbox"/> Other:			
Will an ultrasonic device for equipment cleaning be onsite? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Describe the hand washing method used in procedure area(s)? <u>run hot water, lather antibacterial soap vigorously 2-3 minutes, dry with paper towel</u>			
Number of Employees: <u>8</u>	Number of Tattooists: <u>7</u>	Number of Body Piercers: <u>4</u>	Number of Procedure Stations: <u>7</u>
<b>ACKNOWLEDGEMENT &amp; SIGNATURES</b>			
I/we will not operate the business until the license has been issued and posted in the establishment.			
 Signature of Sole Proprietor, Partner, Agent or 20% or More Shareholder of Corporation or LLC			
_____ Signature of Additional Partner(s)			
<b>Supporting Documentation</b>			
The following documentation must be available onsite for the preinspection.			
<b>APPLICANT</b>		<b>FOR HEALTH DEPARTMENT USE ONLY</b>	
Check only those items you are submitting with this application:			
<input type="checkbox"/> Floor Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> Equipment List		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> List of all finished materials		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> Lighting Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> Sharps Disposal Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> Insect & Rodent Control Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Standard Operating Procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> Infection Prevention & Control Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> Copies of Practitioner Licenses		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> Facility Documents		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> Copy of Initial Spore Results		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Office Use Only</b>			
Filed <u>1-2-15</u>	Initials <u>RC</u>	Application # <u>715P 3760023</u>	Paid
MPD	CC	HD	NS
Granted			License #

WT 5180 J. 21-01  
Mpl waukeey WI 53218  
Future Art Hga Co

★ E

