



200 South Street,
P.O. Box 914
Morristown, NJ
07963-0914

Health Division

Main Office (973) 796-1975
Health Officer (973) 292-6707
Health Inspectors (973) 292-6713
(REHS) (973) 796-1993
Nurse (973) 292-6702
Animal Control (973) 292-6731
Fax (973) 292-6730

BODY ART APPLICATION

(Body Piercing, Tattoo, Permanent Cosmetics)

Please complete all fields. You must submit a copy of your driver's license or a government-issued photographic identification with this application.

TYPE OF APPLICATION	APPLICATION FEE	DATE OF APPLICATION
<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application	<input type="checkbox"/> License \$1,000.00	

Important Information

- Please visit townofmorristown.org for the complete Town of Morristown ordinance.
- Should the business temporarily suspend operations for more than thirty (30) days or permanently close, the Health Division shall be notified in writing by submitting a letter to Carlos Perez, Jr., Ph.D., Health Officer at the address above.
- Please note, by providing your email address(*), you consent to receive communications electronically from the Morristown Division of Health, and you affirm that the email listed is a reliable form of communication.
- If you have questions regarding your license, please contact the Health Division at 973-796-1975.

SECTION 1. Business Information

Business Legal Structure

Please describe your business's legal structure. If your Business legal structure is Sole Proprietorship or if your Business has an individual partner, complete Sections 1, 2, 4 and 5. If you business's legal structure is NOT Sole Proprietorship and your business does NOT have an individual general partner, complete Sections 1, 3, 4 and 5.

<input type="checkbox"/> Business/General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Partnership (LLP)	

Business Information

The business name that you provide must match the business name registered with the NJ Department of the Treasury, Division of Revenue and Enterprise Services. **You must provide a copy of your business registration certificate at the time of licensure.**

BUSINESS NAME	NUMBER AND STREET
DOING BUSINESS AS (DBA)/TRADE NAME	CITY, STATE, ZIP CODE
BUSINESS PHONE NUMBER	BUSINESS EMAIL ADDRESS*

Contact Mailing Information

If you want Morristown Division of Health correspondence addressed and mailed to a contact other than the business name and address provided above, please complete the information below.

FIRST AND LAST NAME		EMAIL ADDRESS:		
TITLE/POSITION (Check only one box)		<input type="checkbox"/> Chairman	<input type="checkbox"/> President	<input type="checkbox"/> Trustee
		<input type="checkbox"/> Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Vice President
		<input type="checkbox"/> Officer	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Other, specify: _____
MAILING ADDRESS				
CITY, STATE, ZIP CODE		PHONE NUMBER		

Property Owner Information

Applicants must provide information on the property owner. In the event of an emergency (i.e. fire, sewage backup, disruption in utilities) and the business owner cannot be reached, the property owner may be contacted.

PROPERTY OWNER NAME	
MAILING ADDRESS, NUMBER AND STREET	CITY, STATE, ZIP CODE
PHONE NUMBER	EMAIL ADDRESS

SECTION 2. Sole Proprietors and Individual General Partners

Individual #1

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE

Individual #2

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE

SECTION 3. Business General Partners, Corporate Officers, Shareholders and Members

You must provide information on *all* business general partners and *all* corporate officers and *each* shareholder owning ten percent (10%) or more of the business applying for a license. Note: Limited Liability Companies (LLC) must provide information on *all* members. **Attach additional sheets if necessary.** Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships must register and remain active with the NJ Department of the Treasury, Division of Revenue and Enterprise Services.

Business General Partners, Corporate Officers, Shareholders and Members

Individual #1

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
TITLE/POSITION (Check only one box)	
<input type="checkbox"/> Chairman <input type="checkbox"/> President <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Other, specify: _____	
% OF OWNERSHIP	

Individual #2

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
TITLE/POSITION (Check only one box)	
<input type="checkbox"/> Chairman <input type="checkbox"/> President <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Other, specify: _____	
% OF OWNERSHIP	

The following section is to be completed for Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships where ownership is not by an individual, but by another business.

Business #1

BUSINESS NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
% OF OWNERSHIP	EMPLOYER IDENTIFICATION NUMBER ____ - _____

Business #2

BUSINESS NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
% OF OWNERSHIP	EMPLOYER IDENTIFICATION NUMBER ____ - _____

SECTION 4. Employee Information

In the space below you must provide the full legal name, identify whether the employee is new or existing, title/position and body art procedures performed by any and all employees, whether paid or unpaid, including, but not limited to:

- Operator, Practitioner, Apprentice
- Receptionist, Office Helper, Assistant
- Any other employee of the establishment, whether paid or not

Please note, new employee(s) must submit proof of training/certification in accordance with N.J.A.C. 8:27 Body Art Procedures prior to commencement of work. Attach additional sheets if necessary.

<u>Full Legal Name</u>	<u>New* or Existing Employee</u>	<u>Title/Position</u>	<u>Body Art Procedures Performed</u>
	<input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee		<input type="checkbox"/> None <input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattoo <input type="checkbox"/> Permanent Cosmetics
	<input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee		<input type="checkbox"/> None <input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattoo <input type="checkbox"/> Permanent Cosmetics
	<input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee		<input type="checkbox"/> None <input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattoo <input type="checkbox"/> Permanent Cosmetics
	<input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee		<input type="checkbox"/> None <input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattoo <input type="checkbox"/> Permanent Cosmetics
	<input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee		<input type="checkbox"/> None <input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattoo <input type="checkbox"/> Permanent Cosmetics
	<input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee		<input type="checkbox"/> None <input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattoo <input type="checkbox"/> Permanent Cosmetics
	<input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee		<input type="checkbox"/> None <input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattoo <input type="checkbox"/> Permanent Cosmetics

SECTION 5. Services Provided

In the space below, you must identify all services (e.g. tattoo, piercing, permanent cosmetics) offered within the premise. Applicants may attach a brochure of services to this application.

SECTION 6. Affirmation & Signature

Licenses are valid from January 1st through December 31st of the licensing year. Licenses are not transferable. License is void with change of ownership. A late fee of \$50.00/per month will be assessed starting January 1st for all delinquent payments. License fees are not prorated.

I am authorized to complete and submit this application and all attachments. I have reviewed the entire application. To the best of my knowledge, this application is true, correct and complete. If any of the information in this application changes, the applicant must inform the Morristown Health Division of those changes. I also understand that the applicant must comply with all relevant laws and regulations if granted a license to operate.

By operating a business in the Town of Morristown, I understand that legal action may be taken for non-compliance of state and town laws, along with the suspension and revocation of my Body Art License.

NEW APPLICANTS ONLY: I understand that the Morristown Division of Health has not yet considered this application. The applicant will not operate the business until an actual license from the Morristown Division of Health has been issued.

By signing below, I understand and agree that I am swearing or affirming that I have told the truth on this application and that all persons named within this application are certified to perform body art procedures pursuant to N.J.A.C. 8:27-1.1 et seq.

PRINTED NAME	TITLE/POSITION
SIGNATURE	DATE

***OFFICIAL USE ONLY ***			
Date Received	Received By	Fee Collected	Form of Payment
Health Officer/Designee Approval			Date
Comments:			