



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

Health Division

Main Office (973) 796-1975
Health Officer (973) 796-1993
Health Inspectors (973) 292-6713
(REHS) (973) 796-1804
Nurse (973) 292-6702
Animal Control (973) 292-6731
Fax (973) 292-6730

BODY ART LICENSE APPLICATION

(Body Piercing, Tattoo, Permanent Cosmetics)

Please complete all fields. A copy of your driver's license or a government-issued photo ID must be submitted with this license application.

Application for (check one): Initial License Renewal of Existing License

SECTION 1. Establishment Information

NAME OF ESTABLISHMENT _____

Address of Establishment _____

Block _____ Lot _____

Establishment Phone # _____

Fax # _____

Emergency Phone # _____

Establishment Email _____

	Fees:
License	\$1000.00

SECTION 2. Ownership Information

Type of Ownership Individual Partnership Corporation LLC
 Other _____

Business Owner Name(s) _____

Business Owner Home Address _____

Business Owner Phone # _____ Email _____

Correspondence Address _____

Property Owner Name(s) _____

Property Owner Address _____

Property Owner Phone # _____ Email _____

SECTION 3. General Information

Please attach the following to this application:

- Medical Waste Permit
- Physician Agreement Letter

Services Offered _____

Applicants may attach a brochure of services to this application

SECTION 4: Employee Information

In the space below you must provide the full legal name and title/position for all employees of all employees including, but not limited to:

- Each Operator, Practitioner, Apprentice
- Receptionists, Office Helpers, Assistants
- Any other employee of the establishment, whether paid or not

Please attach separate sheet if necessary

	Full Legal Name	New* or Existing Employee	Title/Position	Body Art Procedures Performed
1		<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
2		<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
3		<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
4		<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

All new employees must submit proof of training/certification in accordance with N.J.A.C. 8:27 Body Art Procedures.

SECTION 5: Certification & Signature

Licenses are valid from January 1st – December 31st of licensing year. Licenses are not transferable. License is void with change of ownership. Payment in the form of a check, cash or money order must accompany this application. A late fee of \$50.00/per month will be assessed starting February 1st for all delinquent payments. License fees are not prorated.

In consideration of the issuance of this license, applicant agrees to comply at all times with the Statutes, Ordinances, Rules, and Regulations of the New Jersey Department of Health and the Town of Morristown. Applicant further agrees that legal action may be taken for non-compliance of State and Town laws along with the suspension or revocation of such license.

Signature _____

Date _____

Printed Name _____

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