

BODY ART FACILITY APPLICATION



Department of Public Safety and Health
Office of Health Services

APPLICANT INFORMATION		FACILITY INFORMATION	
Applicant Legal Name:		Name of Facility:	
Home Address:		Physical Address:	
City/State/Zip:		Municipality:	
Email:		Phone Number:	
Type of Business: Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC <input type="checkbox"/>		Type(s) of Body Art Performed:	
Name of Partner/Corp:		Permanent Cosmetics <input type="checkbox"/>	Tattoo <input type="checkbox"/>
Address:		Body Piercing <input type="checkbox"/>	Ear Piercing <input type="checkbox"/>
Telephone Number:		Microblading <input type="checkbox"/>	Areola Restoration <input type="checkbox"/>

Proposed Hours of Operation						
Monday	Tuesday	Weds	Thurs	Fri	Sat	Sun

OPERATOR AND PRACTITIONERS			
Operator Name:		Services Performed:	
Practitioner Name:		Services Performed:	
Practitioner Name:		Services Performed:	
Practitioner Name:		Services Performed:	
Practitioner Name:		Services Performed:	
Practitioner Name:		Services Performed:	

Autoclave Information:		Please List all Manufacturer Information:	
Make:		Jewelry, Processing Equipment, Instruments, Inks	
Model:			
Serial Number:			
Manufacturer Instructions Attached:			
Additional Autoclave Equipment:			
Make Model, Serial:			

PLEASE ACKNOWLEDGE THE FOLLOWING ARE ATTACHED TO THIS APPLICATION:			
Client Application <input type="checkbox"/>	Consent Form(s) <input type="checkbox"/>	Advertising Materials: <input type="checkbox"/>	10 Original Photographs <input type="checkbox"/>
Before and After Care Forms <input type="checkbox"/>	Proof of Experience: <input type="checkbox"/>	Signed Testament <input type="checkbox"/>	Bloodborne Pathogens <input type="checkbox"/>
Training Certificates <input type="checkbox"/>	Liability/Malpractice Insurance <input type="checkbox"/>	Emergency Contact Numbers <input type="checkbox"/>	Medical Waste Disposal <input type="checkbox"/>
Other Services Provided:			

CERTIFICATION BY APPLICANT	
I have received and read NJAC 8:27 Body Art Procedures under the New Jersey State Sanitary Code and I certify that this Body Art Establishment meets these standards. I understand that opening an establishment and submitting an application by means of fraud, misrepresentation, or concealment shall result in closure of the Body Art Establishment. I certify the statements made in the application are true, complete and correct to the best of my knowledge and belief.	
OWNER/REPRESENTATIVE (PRINT):	
SIGNATURE:	
DATED:	