

**APPLICATION TO OPERATE A BODY ART ESTABLISHMENT
ANNUAL PERMIT**

NOTE: Operators must complete and submit Beauty Parlor Application and pay fee

Please print clearly and complete ALL pages in its entirety

Type of Establishment: (Authority: N.J.A.C. 8:27-1 et seq.)

☐ Tattoo ☐ Permanent Cosmetics ☐ Body Piercing ☐ Ear Piercing

Name of Establishment: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Business Owner: _____

Home Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Email: _____

Contact Person: _____

Title / Position: _____

Phone: _____

Email: _____

Establishment Information:

Hours of Operation: _____ AM to _____ PM

Days of Operation:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Names of ALL Operators and Type of Body Art they will be Performing.

Photo ID and State License for all Operators must be attached

(If more room is needed please attach additional operators on separate sheet)

First and Last Name

Type

First and Last Name

Type

First and Last Name

Type

Please Submit the Following:

(for body piercing and permanent cosmetics)

- ☐ Municipal Zoning Approval
- ☐ Construction Official Approval
- ☐ Inventory of Processing Equipment, Jewelry, Ink
- ☐ Description of all Services Provided
- ☐ Photograph, Negative Biological of Autoclave
- ☐ Manufacturer's Instructions for the Autoclave
- ☐ Copy of Malpractice Insurance for Each Operator
- ☐ Copy of Informed Consent for Each Procedure
- ☐ Copy of Client Application
- ☐ Policies for HBV Vaccine Series
- ☐ Policies for Latex Allergies
- ☐ Written Agreement with Physician

Water Supply

- ☐ Municipal
- ☐ Well

Waste Disposal

- ☐ Sanitary Sewer
- ☐ Septic System

Does the Establishment offer any massage services? (circle one) YES NO

If yes, does the area where the massage occurs, either temporarily or permanently, cover less than 20 percent of the gross floor area of the principle use? (circle one)

YES NO

Is there a licensed Massage Therapist on premise? (circle one) YES NO

If yes, please provide their full name: _____

Note: All Massage Therapists must obtain a Permit with the Board of Health to practice in the Borough of New Providence

CERTIFICATION BY APPLICANT

I have read Chapter 8 of *The New Jersey State Sanitary Code* and I certify that this body art establishment meets these standards. I understand that obtaining a permit by means of fraud, misrepresentation or concealment shall result in closure of the body art establishment. I certify the statements made in this application are true, complete and correct to the best of my knowledge and belief.

Applicant's Signature

Date

All Permits expire December 31st of the licensing year