

Rockaway Borough Health Department Body Art Establishment License Application

License Fee: \$150.00

Application Date: _____

Business Trade Name: _____

Business Address: _____

Post Office Address: _____

Business Owner Name: _____

Phone Number: _____

Home Address: _____

Email Address: _____

Type of Ownership: Individual Partnership Corporation

If corporation, list corporate officer's names and address:

Name: _____ Address: _____

Name: _____ Address: _____

Services To Be Conducted:

Tattooing <input type="checkbox"/>
Body Piercing <input type="checkbox"/>
Permanent Cosmetics <input type="checkbox"/>
Ear Piercing <input type="checkbox"/>

Hours of Operation: _____

Name of Medical Waste Disposal Company: _____

Medical Waste Generator Registration #: _____

List All Practitioners and Apprentices (*practitioner's license required for each practitioner)

Name: _____

Address: _____

Phone #: _____

Practitioner Apprentice

Services Conducted:

- Tattooing
- Body Piercing
- Ear Piercing
- Permanent Cosmetics

Name: _____

Address: _____

Phone #: _____

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- Tattooing
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Practitioner Apprentice

Services Conducted:

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- Body Piercing
- Ear Piercing
- Permanent Cosmetics

***Per NJAC 8:27-2.1, an Operator must notify the Health Department of any new practitioners and apprentices that are not listed above. All practitioners must be licensed by the Health Department.**

Applicant must attach the following to this application:

- Statement of approval from Planning, Zoning, & Building Departments (first time applicants only)
- Complete floor plan with all areas labeled (first time applicants only)
- Copy of informed consent form and client application for each type of procedure (tattoo, body piercing, etc.)
- Copy of after care instructions for each type of procedure (tattoo, body piercing, etc.)
- Proof of professional malpractice liability insurance for each practitioner
- Inventory of all processing equipment, instruments, jewelry, and inks used for any and all body art procedures
- Photo of autoclave with make, model, and serial number
 - N/A (Autoclave not used, all single use equipment)
- Copy of manufacturer's specifications for operation of the autoclave
 - N/A (Autoclave not used, all single use equipment)
- Most recent copy of biological indicator test result for autoclave
 - N/A (Autoclave not used, all single use equipment)

****Applications missing any of the above documentation will be denied****

In case such license is granted, I hereby agree to comply, at all times, with all local ordinances and the laws of the State of New Jersey, pertaining to the conduct of such business.

Applicant Signature: _____ Date: _____

For Health Department Use Only

Approved Date: _____ Fee Paid Date: _____
Not Approved Date: _____ Check #: _____ Or Cash