Randolph/Rockaway Borough Health Department Body Art Practitioner's License Application

LicenseFee:\$150.00		Application Date:	
Each Body Art Practitioner 1	needs their own practitioner's lice	ense	
Applicant:			
Phone Number:			
Home Address:			
Email Address:			
Establishment Name:			
Establishment Address:			
Services To Be Conducted:	Tattooing □ Body Piercing □ Ear Piercing □ Permanent Cosmetics □		
Previous Body ArtExpe	<u>rience</u>		
Employer:Address:Phone #:		Body Piercing □ Ear Piercing □	
		Tattooing □ Body Piercing □	
Phone #:		Ear Piercing □ Permanent Cosmetics □	
Employer:		Compiese Conducted	
Address:		Services Conducted: Tattooing □	
Phone #:		Body Piercing □ Ear Piercing □ Permanent Cosmetics □	

☐ Tattoo Artists: 1. 10 client applications with 10 photographs of tattoos that the tattoo artist has personally performed. 2. Records demonstrating that the tattoo artist has completed an apprenticeship such as: a. Tax records; b. A letter from a tattoo practitioner that conducted the apprenticeship; c. Certificates or diplomas indicating the person's completion of an apprenticeship; or d. Membership in good standing in a professional tattooing organization ☐ Body Piercers: 1. 10 client applications with 10 photographs of body piercings that the body piercer has personally performed. 2. Records demonstrating that the body piercer has completed an apprenticeship such as: a. Tax records; b. A letter from a body piercing practitioner that conducted the apprenticeship; c. Certificates or diplomas indicating the person's completion of an apprenticeship; or d. Membership in good standing in a professional body piercing organization Permanent Cosmetics Practitioners: 1. Record demonstrating successful completion of the basic training program in permanent cosmetics. 2. Records demonstrating that the person, under the direct supervision of a trainer or instructor, personally performed permanent cosmetics procedures of the types and quantities of each procedure specified below, evidence of which is a copy of the client application for each procedure and a photograph of the completed permanent cosmetics procedure that corresponds to each client application: a.) 5 eyebrow simulation procedures; b.) 5 lip lining or shading procedures; and c.) 5 eyeliner or eyelash enhancement procedures Copy of a valid Bloodborne Pathogen training certificate **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 Fee Paid Date: Approved \square Date: Check #: _____ Or Cash \square Not Approved □ Date:

Applicants must submit the following: