WESTFIELD REGIONAL HEALTH DEPARTMENT

425 E. Broad Street
Westfield, NJ 07090
(908) 789-4070
www.health@westfieldnj.gov

BODY ART ESTABLISHMENT LICENSE RENEWAL

Renewal Fee: $200.00

Owner's Name _____ Telephone # _____

Home Address _____
Street Address

_____
Municipality State Zip Code

Email _____

Business Name _____ Telephone # _____

Address _____ Fax #/e-mail _____
Street Address

_____
Municipality State Zip Code

Hours of operation _____

Applicant (check one) _____ Individual _____ Partnership _____ Firm or Corporation

List all partners/officers and addresses of corporation/firm:

_____

_____

_____

Check all of the following services you will be providing:

- ❑ Body Piercing
- ❑ Ear Piercing (trailing edge of ear)
- ❑ Permanent Cosmetics
- ❑ Tattooing
- ❑ Other (specify) _____

Solid waste removal company ____

Containers _________ Dumpster __________

Name of operator ___________________________________

***The following documentation for the operator must be submitted with this application:

- Verification of 12 months' previous experience in operating a body piercing/tattooing facility
- One or more samples of advertising

Name(s) of practitioner(s) _____________________________

Check services provided:

- ❑ Body piercing (1000 hrs of training)
- ❑ Tattooing (2000 hrs. of training)
- ❑ Permanent cosmetics (40 hrs. of training)
- ❑ Ear piercing (Certificate of training)

Name(s) of practitioner(s) _____________________________

Check services provided:

- ❑ Body piercing (1000 hrs. of training)
- ❑ Tattooing (2000 hrs. of training)
- ❑ Permanent cosmetics (40 hrs. of training)
- ❑ Ear piercing (Certificate of training)

Name(s) of practitioner(s) _____________________________

Check services provided:

- ❑ Body piercing (1000 hrs. of training)
- ❑ Tattooing (2000 hrs. of training)
- ❑ Permanent cosmetics (40 hrs. of training)
- ❑ Ear piercing (Certificate of training)

Name(s) of practitioner(s) _____________________________

Check services provided:

- ❑ Body piercing (1000 hrs. of training)
- ❑ Tattooing (2000 hrs. of training)
- ❑ Permanent cosmetics (40 hrs. of training)
- ❑ Ear piercing (Certificate of training)

*** The following documentation must be provided for each practitioner with this application:

- Provide evidence of completion of a blood borne pathogen course (body piercing and tattooing only)
- Copy of certification from the American Academy of Micropigmentation (permanent cosmetics only) ***by February 19, 2004***
- Areola restoration requires a copy of 8-hour training program (permanent cosmetics only)
- Documentation of completion of training program (ear piercing only)
- Proof of professional malpractice liability insurance for each practitioner

Name of licensed physician used for consultative purposes _____
(body piercing and permanent cosmetics only)

Medical waste company name: _____
Medical waste generators permit # _____
***Submit a copy of the Medical Waste Permit

List any employees who have received the Hepatitis B vaccination series _____

_____

Autoclave: Submit for review - a photograph of steam autoclave with make, model # and serial # printed on the back
- a copy of the manufacturer's instructions for operation of the autoclave

Name of biological monitoring laboratory _____ Tele # _____

Will you be reprocessing reusable equipment? Yes/No

Will you be needle building? Yes/No

The following paperwork must be submitted with this application:

- ❑ Copy of malpractice insurance for each practitioner
- ❑ Copy of informed consent for each procedure
- ❑ Copy of after care instructions for each procedure
- ❑ Copy of client application
- ❑ Policies for HBV vaccine series
- ❑ Policies for latex allergies
- ❑ Written agreement with physician (body piercing and permanent cosmetics only)
- ❑ Documentation of qualifications for all personnel
- ❑ Annual license fee

CERTIFICATION BY APPLICANT

I have received and read Chapter 27 of the New Jersey Administrative Code, and I certify that this Body Art Establishment meets these standards. I understand that obtaining a license 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.

Name of Applicant (Print)	Title of Applicant
Signature of Applicant	Date

FOR HEALTH DEPARTMENT USE ONLY

Application Submitted _____ Paid: _____ License # _____

Date Approved _____ Signed By _____