

WESTFIELD REGIONAL HEALTH DEPARTMENT

425 EAST BROAD STREET

WESTFIELD, NJ 07090

(908) 789-4070

www.health@westfieldnj.gov

BODY ART ESTABLISHMENT APPLICATION

Annual License Fee: \$200

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 _____
Applicant (check one) _____ Individual _____ Partnership _____ Firm or Corporation	
List all partners/officers and addresses of corporation/firm:	

Municipal Approval – for proposed construction or expansion of body art facility	
Zoning - Date approved _____	Name of official _____
Planning- Date approved _____	Name of official _____
Check all of the following services you will be providing:	
<input type="checkbox"/> Body Piercing	
<input type="checkbox"/> Ear Piercing (trailing edge of ear)	
<input type="checkbox"/> Permanent Cosmetics	
<input type="checkbox"/> Tattooing	
<input type="checkbox"/> Other (specify) _____	

Hours of operation _____

Water supply: city _____ well _____ Sanitary sewer: city _____ on site _____

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:

- Certification of training for each of the services provided
- Provide evidence of completion of a blood borne pathogen course (body piercing and tattooing only)
- A minimum of 10 photographs of original work performed and three signed clients testimonials (body piercing and tattooing only)
- A minimum of 1 photograph of original work for each: eyebrow, lip liner, full lip color and eye liner/eyelash enhancer (permanent cosmetic 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:

- A diagram of the floor plan showing the reception, procedure, cleaning and sterilization, storage areas and toilet facilities (include area measurements)
- Names and addresses of all manufacturers of processing equipment, instruments, jewelry and inks used in all procedures
- Photograph of autoclave
- Negative biological of autoclave
- Manufacturer's instructions for autoclave
- 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 _____