



# Jersey Shore Regional Health Commission

628 Shrewsbury Avenue  
Tinton Falls, NJ 07701

PHONE:(732) 493-9520 • FAX (732) 493-9521 • www.JSRHC.org



## Body Art Establishment License Application & Checklist

This checklist is provided to inform applicants as to what is required when applying for the INITIAL licensure, and for RENEWAL of an existing license for Body Art Establishment that are soon to expire. The Body Art Establishment Application proceeds the Check list below. Applications will not be reviewed unless all items requested, including the required fee is submitted. Should the applicant refuse to submit all items requested by JSRHC staff, this application will be denied and all fee(s) remitted to the Commission will not be refunded.

**INITIAL** the space next to each document to confirm the required document is included with application.

Pleas Select One:  Application is for a NEW license  
 Application is for RENEWAL of your Existing License

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Business: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_  
Street Municipality State Zip code

Business Mailing Address: \_\_\_\_\_  
Street Municipality State Zip code

Business Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Requested Documents	Initial	For Office Use
<ul style="list-style-type: none"> <li>A completed Health Division Body Art Establishment License Application. This would include the submission of the following information:  - Inventory of Processing Equipment, Jewelry, and Inks - Copy of Client Application  - Copy of Informed Consent for each Procedure - Polices for Latex Allergies  - Copy of aftercare instruction for each procedure - Description of all services provided  During initial application and when changes to the above information occurs.</li> </ul>		
<ul style="list-style-type: none"> <li>Application fee, payable by check, money order, or cash.</li> </ul>		
<ul style="list-style-type: none"> <li>Certificate of Occupancy for the Business entity to conduct business at its physical Address's as provided by the given Municipalities Code Enforcement entity. (Required for INITIAL applications. Not required for renewal applications if the owner and location of the establishment remain unchanged)</li> </ul>		
<ul style="list-style-type: none"> <li>A copy of the NJ Sales Tax Certificate for the Body Art Establishment</li> </ul>		
<ul style="list-style-type: none"> <li>Proof of <u>General Liability Insurance</u>, and <u>Malpractice Liability Insurance</u> for the applicant, operator, and/or owner of the establishment</li> </ul>		
<ul style="list-style-type: none"> <li>Proof of <u>Professional Malpractice Insurance</u> for each individual Practitioner.</li> </ul>		
<ul style="list-style-type: none"> <li>Copy of agreement for solid and medical waste</li> </ul>		

<ul style="list-style-type: none"> <li>• Floor plans/specifications for the establishment detailing the proposed establishment that includes an inventory of all processing equipment as it is to be used. Plans shall include all items set forth in N.J.A.C. 8:27-2.1 (2). All construction, expansion, or alterations to the building, structures, and facilities used by the public in the establishment shall comply with N.J.A.C. 5:23-7, Barrier Free Subcode and N.J.A.C. 5:23, NJ Uniform Construction Code. (Required for INITIAL applications. Not required for renewal applications if no renovations, expansions, or alterations have taken place)</li> </ul>		
<ul style="list-style-type: none"> <li>• A photograph of every autoclave that will be used. The make, brand name, model, serial number printed on the back of the photograph. Along with a current copy of a negative biological indicator test and Manufactures instruction for the Photograph autoclave. The autoclave shall comply with the N.J.A.C. 8:27-5.1 through 5.8.</li> </ul>		
<ul style="list-style-type: none"> <li>• Proof of successful completion of a First Aid Certification course sponsored by the American Red Cross. (Proof of training shall be provided with the application for INITIAL licensure and every subsequent application for license RENEWAL)</li> </ul>		
<ul style="list-style-type: none"> <li>• Proof of completion of a bloodborne pathogens training course for all of the following: the Owner(s), Owner’s Designee(s), Manager(s), Practioner(s), and Apprentice(s). The training course shall be from a provider approved by the NJ Department of Health. Bloodborne pathogens training shall be obtained on an annual basis pursuant to Rule 29 CFR part 1910.1030. (Proof of training shall be provided with the application for INITIAL licensure and every subsequent application for license RENEWAL).</li> </ul>		
<ul style="list-style-type: none"> <li>• Copy of Polices for Hepatitis B vaccinations. Along with valid proof of Hepatitis B immunization series for each Practioner, Apprentice, and any other Employee with a potential occupational exposure to blood or bodily fluids. If an employee cannot obtain Hepatitis B immunizations for medical reasons, he/she shall submit to JSRHC a letter from a licensed physician certifying that the individual does not have Hepatitis B and the Vaccination is contraindicated. (Required for application for INITIAL licensure and for any new employees not listed on the INITIAL application at time of license renewal)</li> </ul>		
<ul style="list-style-type: none"> <li>• Proof that the operator has experience in the operation of a body piercing and/or tattooing facility for at least twelve months. The following forms of proof shall be submitted with the INTITAL application to fulfill this requirement: <ol style="list-style-type: none"> <li>1. A signed testament from a previous employer that the applicant has been piercing professionally at least one full year;</li> <li>2. A business license, business records or purchasing records verifying that the applicant has operated a business involving Body piercing and/or Tattooing</li> </ol> </li> </ul>		
<ul style="list-style-type: none"> <li>• Detailed list of all practitioners providing services at business location Documentation of Practitioners experience for a given service should be provided with regards to the following <ul style="list-style-type: none"> <li>- Body Piercing (All items expressed in NJAC 8:27-6.1)</li> <li>- Tattooing (All items expressed in NJAC 8:27-7.1)</li> <li>- Permanent Cosmetics ( All items expressed in NJAC 8:27-8.1 )</li> <li>- Ear piercing (Certificate of Training)</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Proof of a written agreement for consultative services with a physician licensed in the State of New Jersey. (For Body piercing and Permanent Cosmetics)</li> </ul>		



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[www.JSRHC.org](http://www.JSRHC.org)

<b>Fee</b>
Plan Review: \$300
Annual Permit: \$160
JSRHC, Chapter 7-2.2

## APPLICATION FOR APPROVAL TO OPERATE A BODY ART ESTABLISHMENT

(AUTHORITY: N.J.A.C. 8:27-1 et seq.)

<b>Type of Establishment</b>		<b>FOR DEPARTMENT USE ONLY</b>	
<input type="checkbox"/> Tattoo	<input type="checkbox"/> Permanent Cosmetics	Amount Received: \$ _____ Date: ____ / ____ / ____	
<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Ear Piercing	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order Check No.: _____	
<b>ESTABLISHMENT IDENTIFICATION</b>			
Name and Mailing Address of Owner or Corporation		Name and Address of Establishment	
Telephone Number at Mailing Address (      )		Telephone Number at Establishment Location (      )	
Name of Operator	Fax Number (      )	E-Mail Address	
If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:			
<input type="checkbox"/> Owner/Corporation Name _____		<input type="checkbox"/> Establishment Location _____	
<input type="checkbox"/> Mailing Address _____		<input type="checkbox"/> E-Mail Address _____	
<input type="checkbox"/> Tel. # at Mailing Address (      )		<input type="checkbox"/> Tel. # at Location (      )	
<input type="checkbox"/> Establishment Name _____		<input type="checkbox"/> Operator _____	
<input type="checkbox"/> FAX Number (      )			
<b>ESTABLISHMENT INFORMATION</b>			
Names of Corporate Officers: _____ _____		Names of Partners: _____ _____	
Name of all practitioners: Practitioner:	Describe Body Art performed: Specialty:	Please submit the following information:	
1. _____	1. _____	<input type="checkbox"/> Municipal zoning approval	
2. _____	2. _____	<input type="checkbox"/> Approval from local construction official	
3. _____	3. _____	<input type="checkbox"/> Inventory of processing equipment, jewelry, inks	
4. _____	4. _____	<input type="checkbox"/> Description of all services provided	
5. _____	5. _____	<input type="checkbox"/> Photograph, negative biological of autoclave	
6. _____	6. _____	<input type="checkbox"/> Manufacturer's instructions for the autoclave	
Please Submit Qualifications for the following:		<input type="checkbox"/> Copy of malpractice insurance for each practitioner	
<input type="checkbox"/> Operator		<input type="checkbox"/> Copy of informed consent for each procedure	
<input type="checkbox"/> Practitioner		<input type="checkbox"/> Copy of after care instructions for each procedure	
<input type="checkbox"/> Apprentice		<input type="checkbox"/> Copy of client application	
<b>Renewal applications need only to submit the Names and Qualifications of new staff.</b>		<input type="checkbox"/> Policies for HBV vaccine series	
		<input type="checkbox"/> Policies for latex allergies	
		<input type="checkbox"/> Written agreement with physician (Body piercing and permanent cosmetics only)	
		<b>Renewal applications need only submit changes to the above information.</b>	
Water Supply <input type="checkbox"/> Municipal <input type="checkbox"/> Well	Waste Disposal <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Septic System	Hours of Operation: _____ Days of Operation: _____	
<b>CERTIFICATION BY APPLICANT</b>			
<i>I have received and 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.</i>			
Name of Applicant (Print)		Title of Applicant	
Signature of Applicant		Date	