



<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>		



# JERSEY SHORE REGIONAL HEALTH COMMISSION

628 Shrewsbury Avenue Tinton Falls, New Jersey 07701

Phone: (732) 493-9520 Fax: (732) 493-9521

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

## APPLICATION FOR APPROVAL TO OPERATE A BODY ART ESTABLISHMENT

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

<b>Fee</b>
Plan Review:\$300
Annual Permit:\$200
JSRHC, Chapter 7-2.2

<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	Waste Disposal	Hours of Operation: _____	
<input type="checkbox"/> Municipal <input type="checkbox"/> Well	<input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Septic System	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	