

THE TOWNSHIP OF MIDDLETOWN, DEPARTMENT OF HEALTH

1 Kings Highway, Middletown, NJ 07748

(732) 615-2095

Richard DeBenedetto, REHS, Director

BODY ART LICENSE APPLICATION

Fill out the form below, along with your completed EHS – 34 Form with all necessary attachments and return with your check or money order payable to “Middletown Township”.

Pursuant to the “Body Art Ordinance”, all retail food licenses EXPIRE on December 31st each year. Any establishment that fails to renew their license by February 15th of each year, shall pay a late fee of 20% of the total license fee for that year.

Tattoo - \$300, Body Piercing - \$300

Tattoo & Body Piercing at same establishment - \$500

Re-inspection Fee for CONDITIONAL or UNSATISFACTORY ratings are as follows:

1st occurrence within 2 years \$200 2nd occurrence within 2 years \$300 3rd occurrence within 2 years \$500

BUSINESS NAME _____

STREET _____ CITY _____

STATE _____ ZIP CODE _____ PHONE # _____

BUSINESS EMAIL _____

(One that is checked on a REGULAR BASIS)

EMERGENCY/AFTER HOURS CONTACT INFORMATION

CONTACT NAME _____ PHONE # _____

OWNERS INFORMATION

OWNERS NAME(S) _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ EMAIL _____

OFFICE USE ONLY (BELOW)

LIC #	DATE ISSUED	AMOUNT \$	CHECK/MO #

EHS – 34 Department of Health

Permanent

APPLICATION FOR APPROVAL TO OPERATE A BODY ART ESTABLISHMENT (AUTHORITY: N.J.A.C. 8:27-1 et seq.)

Type of Establishment		FOR DEPARTMENT USE ONLY	
<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"/> Check <input type="checkbox"/> Money Order Check No.: _____	
ESTABLISHMENT IDENTIFICATION			
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 ()			
ESTABLISHMENT INFORMATION			
Names of Corporate Officers:		Names of Partners:	
Name of all practitioners: Practitioner:		Describe Body Art performed: Specialty:	
1. _____	1. _____	Please submit the following information:	
2. _____	2. _____	<input type="checkbox"/> Municipal zoning approval	
3. _____	3. _____	<input type="checkbox"/> Approval from local construction official	
4. _____	4. _____	<input type="checkbox"/> Inventory of processing equipment, jewelry, inks	
5. _____	5. _____	<input type="checkbox"/> Description of all services provided	
6. _____	6. _____	<input type="checkbox"/> Photograph, negative biological or autoclave	
Please Submit Qualifications for the following:		<input type="checkbox"/> Manufacturer's instructions for the autoclave	
<input type="checkbox"/> Operator		<input type="checkbox"/> Copy of malpractice insurance for each practitioner	
<input type="checkbox"/> Practitioner		<input type="checkbox"/> Copy of informed consent for each procedure	
<input type="checkbox"/> Apprentice		<input type="checkbox"/> Copy of after care instructions for each procedure	
Renewal applications need only to submit the Names and Qualifications of new staff.		<input type="checkbox"/> Copy of client application	
		<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)	
Renewal applications need only submit changes to the above information			
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: _____	
CERTIFICATION BY APPLICANT			
<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	