



# Borough of Watchung

BOARD OF HEALTH

**For Office Use Only**

License Number:

License Year:

Payment Amount:

## APPLICATION FOR BODY ART ESTABLISHMENT (Body Piercing, Tattooing and Permanent Cosmetics)

**FEE SCHEDULE:**

Initial Fee: **\$ 500.00**

OR

Annual Renewal Fee: **\$ 500.00**

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**Total Due with Application: \$ 500.00**

(Check Payable to Borough of Watchung)

**EXPIRATION DATE: MARCH 31<sup>ST</sup> (of every year)**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

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

Address of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Is the Applicant:        ( ) Individual            ( ) Partnership            ( ) Corporation

If Partnership or Corporation, provide the name and home address of all partners, registered agent or officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# Borough of Watchung

BOARD OF HEALTH

**PRACTIONER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**(CERTIFICATION OF HEPATITIS B PRE-EXPOSURE VACCINATION OR PROOF OF IMMUNITY REQUIRED)**

*In case such license is granted, I agree to comply with and abide by all the provisions, rules and regulations of the Board and the Article of Sanitary Code of the Borough of Watchung.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Board of Health Inspection and Approval**

\_\_\_\_\_  
**Date**

Kevin Sumner, Health Officer (732) 968-5151  
15 Mountain Boulevard, Watchung New Jersey 07069  
Phone: (908) 756-0080; Fax: (908) 757-7027  
Permits/Applications [www.watchungnj.com](http://www.watchungnj.com)