



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**

Total Due with Application: \$ 500.00

(Check Payable to Borough of Watchung)

EXPIRATION DATE: MARCH 31ST (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:



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