

BOROUGH OF CLOSTER

DEPARTMENT OF HEALTH

JAMES M. FEDORKO
HEALTH OFFICER

BOROUGH HALL
201-784-0600 EXT.493
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JIN BAE
REGISTERED ENVIRONMENTAL
HEALTH SPECIALIST
BOH SECRETARY, LICENSING OFFICIAL
CERTIFIED MUNICIPAL REGISTRAR

BODY ART ESTABLISHMENT APPLICATION

Establishment Performing Body Piercing: \$300.00, Establishment Performing Ear Piercing (excluding ear lobe) \$100.00
Establishment performing tattooing, permanent cosmetics and/or body piercing: \$300.00

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A BODY ART ESTABLISHMENT AS DEFINED IN N.J.S.A., §4:19-15-9 AND IN SECTION 250:69 OF THE CLOSTER BOARD OF HEALTH

TRADE/BUSINESS NAME: _____

ADDRESS OF ESTABLISHMENT: _____ Business Telephone No.: _____

NAME AND ADDRESS OF OWNER: _____

EMAIL ADDRESS OF OWNER: _____ TELEPHONE NO.: _____

Please supply copies of the following:

1. Proof of Professional Malpractice Liability Insurance for each practitioner
2. Written agreement with licensed physician for consultative services
3. Proof of completion of blood borne pathogens course for each practitioner.
4. **For Permanent Cosmetic Only:** Proof of certification by the American Academy of Micropigmentation for each practitioner.

IN CONSIDERATION OF SUCH LICENSE, APPLICANT AGREES TO COMPLY AT ALL TIMES WITH ALL STATUTES, ORDINANCES, RULES AND REGULATIONS OF BOTH THE NEW JERSEY DEPARTMENT OF HEALTH AND OF THE BOROUGH OF CLOSTER. LICENSE, IF GRANTED, IS UPON EXPRESS CONDITION OF ITS FORFEITURE OR REVOCATION IF CASE THE LICENSEE, HIS AGENT, OR SERVANT VIOLATES THE CONDITIONS SET FORTH HEREIN.

PLEASE NOTE:

- **APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED WITH THE APPLICABLE FEE**
- **LICENSES ARE RENEWABLE IN JANUARY AND EXPIRE DECEMBER 31ST**
- **LICENSES ARE NOT TRANSFERRABLE IF BUSINESS IS SOLD**

I hereby consent to inspection by the Closter Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local Body Art requirements, a copy of which I have received. BY SIGNING BELOW, I HEREBY UNDERSTAND AND COMPLY WITH ALL THE CONDITIONS SET FORTH IN THIS APPLICATION

PRINT NAME AND SIGN

DATE