## Wayne Township Department of Health

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

Tattoo
Name and Mailing Address of Owner or Corporation   Name and Address of Establishment
Telephone Number at Mailing Address  ( )  Name of Operator  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Owner/Corporation Name  Mailing Address  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  Establishment Location  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:  If any
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Name of Operator    Fax Number
Composition
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☐Mailing Address ☐E-Mail Address ☐Tel. # at Mailing Address ( ) ☐Tel. # at Location ( ) ☐Establishment Name ☐FAX Number ( ) ☐ESTABLISHMENT INFORMATION     ESTABLISHMENT INFORMATION
□ E-Mail Address □ Tel. # at Mailing Address ( ) □ Tel. # at Location ( ) □ Establishment Name □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
□ Tel. # at Mailing Address ( ) □ Tel. # at Location ( ) □ Establishment Name □ □ Operator □ FAX Number ( ) □ ESTABLISHMENT INFORMATION
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FAX Number ( )  ESTABLISHMENT INFORMATION
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Names of Corporate Officers:  Names of Partners:
Name of all practitioners:  Describe Body Art performed:  Please submit the following information:
Practitioner: Specialty:   Municipal zoning approval
3 3 Description of all services provided
4. Photograph, negative biological of autoclave
5. Manufacturer's instructions for the autoclave
6. Copy of malpractice insurance for each practitioner
Copy or informed consent for each procedure
Copy of after care instructions for each procedure
☐ Operator ☐ Copy of client application
☐ Practitioner ☐ Policies for HBV vaccine series
☐ Apprentice ☐ Policies for latex allergies
Penewal applications need only to submit the Names and
Renewal applications need only to submit the Names and Qualifications of new staff.  (Body piercing and permanent cosmetics only)
Qualifications of new staff.  Qualifications of new staff.  Renewal applications need only submit changes to the
Qualifications of new staff.  Renewal applications need only submit changes to the above information
Qualifications of new staff.  Qualifications of new staff.  Renewal applications need only submit changes to the above information  Water Supply  Waste Disposal  Hours of Operation:
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