

Municipal Complex
2 Jake Garzio Drive
Ewing, NJ 08628

Stephanie Mendelsohn
Health Director



Phone: (609) 883-2900 ext. 7619
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W. Allen Lee
Health Officer

The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR

AARON T. WATSON, BUSINESS ADMINISTRATOR

BODY ART ESTABLISHMENT LICENSE APPLICATION

Address of Property: _____ Block: _____ Lot: _____

Name of Owner: _____

Address of Owner: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

Name of Contact: _____ Title: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

Name of all Practitioners/Apprentices:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Describe Body Art Specialty Performed/Trained:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Type of Establishment:

- | | | | |
|--|--------------------------|----------------------------------|--------------------------|
| (1) Tattoo ----- \$400.00 | <input type="checkbox"/> | (2) Body Piercing ----- \$400.00 | <input type="checkbox"/> |
| (3) Permanent Cosmetics ----- \$400.00 | <input type="checkbox"/> | (4) Ear Piercing ----- \$400.00 | <input type="checkbox"/> |
| (5) Duplicate License ----- \$ 10.00 | <input type="checkbox"/> | | |

****Late Fee:** Failure to make application for license renewal : \$1 per day; maximum late payment charge of \$50 (172-29).
Licensing year runs January 1st – December 31st with application and applicable fee due by January 1st of each year.

Days and Hours of Operations: _____

The undersigned applicant agrees operate the Body Art Facility in accordance with the provision of N.J.A.C 8:27 "Body Art Procedures", the governing Code for the State of New Jersey and any local ordinances.

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

Applicants Name (Print): _____ Title: _____

Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY

Received by: _____ Date: _____

Fee Collected: _____ Cash: _____ Check: _____ Credit Card: _____

Health Officer's Signature: _____ Date: _____

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF EWING)