



TATTOO AND BODY ART LICENSE APPLICATION

The following documents **must** be included with this application:

- Photo ID of Business Owner
- Documents from “Additional Requirements” – see reverse.

For Office Use Only

BUSINESS INFORMATION

Type of Ownership: Individual LLC Partnership Corporation Non-Profit S Corp Publicly Traded Corp

Type of Business: <input type="checkbox"/> Tattoo/Body Art <input type="checkbox"/> Piercing <input type="checkbox"/> Permanent Makeup <input type="checkbox"/> Other (select multiple if necessary)	Application Type: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
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Business Name:	New Businesses* -Expected Opening Date:
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Business Address:

Business Phone:	Fax:	Email:
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Manager/Contact Name:

Manager Mailing Address:

Phone:	Fax:	Email:
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Operating Days:(select multiple as necessary): M-F S-Sun other:

Operating Times:

Please list or provide description of services provided. A copy of services may also be attached to this application.

Business Owner Name:

Business Owner Home Address:

Business Owner Phone:	Email:
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EMPLOYEE INFORMATION

Number of Employees	List names of employees below – continue on reverse side as necessary

BILLING INFORMATION

Mailing Address:

Phone:	Fax:	Email:
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EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	Title:
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Contact Cell Phone:	Email:
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“In making this application, I hereby declare that I understand and will comply with all of the requirements of the ordinances and regulations of the Town of Secaucus and State of New Jersey, and that under penalty of perjury, the statements and documents constituting any part of this application are true, correct and complete to the best of my knowledge.”

Applicant’s Signature:	Title:
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Print Name:	Date:
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FEES

- \$150

ADDITIONAL REQUIREMENTS

Checkmark as applicable; The following must be approved and/or submitted with this application:

- Certificate of Occupancy (COO) from Engineering or Building Department
- Current licensure for all practitioners and operators
- Proof of NJ Shop license
- Current proof of 2,000-hour apprenticeship for all trainees and practitioners (certificate or diploma)
- Current Blood Borne Pathogens Certificate for all trainees and practitioners.
- Copy of floor plans for any extensive renovations or changes to the establishment must be submitted to this office. This office has up to thirty (30) days to review and follow up accordingly. Please contact our office for specific requirements.

ADDITIONAL REGULATIONS

- Applicants are strongly encouraged to review any applicable local ordinances for your establishment. Please contact our office if you wish to receive a copy.
- Licenses are **not** transferrable. Any change in ownership or mailing address must be reported to the Health Department and new owner must apply to the Secaucus Health Department for a new license to do business.
- Emergency contact for your establishment must be a knowledgeable manager or owner who will be available in the event of an emergency.

Secaucus Health Department
1203 Paterson Plank Road, Secaucus, NJ 07094-3219
Tel: 201-330-2031 Fax: 201-330-2037 www.secaucus.gov



Tattoo and Body Art Pre-Opening Checklist

Please use the below as a self-checklist to be completed once your establishment is ready to open. The following code requirements **must** be met prior to receiving Health Department approval. Pre-operational Inspections must be completed and passed prior to official operations.

Please check off each item on this list upon completion and return this list, signed to the Health Department to schedule your pre-operational inspection.

Establishment Name: _____

Establishment Address: _____ **Secaucus, NJ 07094**