



CITY OF PASSAIC
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH
 330 Passaic Street • Passaic, NJ 07055 • (973) 365-5603
health@cityofpassaicnj.gov

***FOR OFFICE
 USE ONLY***
 C.O. INSPEC DATE _____
 LIC. NO. _____
 DATE _____

BODY ART ESTABLISHMENT LICENSE APPLICATION CHECKLIST

This checklist shall be completed in full for INITIAL licensure and for RENEWAL of an existing license which is scheduled to expire.

ALL of the following documents MUST be provided with your application. Failure to provide the required information will result in your application being rejected.

INITIAL the space next to each document to confirm that you have included the required document with your application.

Please select one: Application is for **NEW** license
 Application is for **RENEWAL** of your existing license

Date of Application: _____

Name of Business: _____

Address of Business: _____

Business Telephone: _____ Fax Telephone: _____

Post Office Address: _____

| REQUIRED DOCUMENT | INITIAL | FOR OFFICE USE ONLY |
|---|---------|---------------------|
| A completed Health Division Body Art Establishment License Application. | | |
| The required \$500.00 application fee payable by check, money order, or cash. | | |
| Certificate of Occupancy for the establishment issued by the City of Passaic, Division of Code Enforcement <i>(Required for INITIAL applications. Not required for renewal applications if the owner and location of the establishment remain unchanged)</i> | | |

| | | |
|--|--|--|
| <p>Floor plans/specifications for the establishment detailing the proposed establishment that includes an inventory of all processing equipment as it is to be used. Plans shall include all items set forth in N.J.A.C. 8:27-2.1 (2).</p> <p>All construction, expansion, or alterations to the building, structures, and facilities used by the public in the establishment shall comply with N.J.A.C. 5:23-7, Barrier Free Subcode and N.J.A.C. 5:23, NJ Uniform Construction Code.</p> <p><i>(Required for INITIAL applications. Not required for renewal applications if no renovations, expansions, or alterations have taken place)</i></p> | | |
| <p>A copy of the NJ Sales Tax Certificate for the body art establishment.</p> | | |
| <p>Proof of <u>general liability insurance</u> equal to the amount of \$1,000,000.00 of liability coverage for the applicant, operator, and/or owner of the establishment. Such policy shall name the City of Passaic as an additional insured. Proof shall include a Certificate of Insurance from an insurance licensed to do business in the State of NJ.</p> | | |
| <p>Proof of <u>malpractice liability insurance</u> equal to the amount of \$1,000,000.00 of liability coverage for the applicant, operator, and/or owner of the establishment. Such policy shall name the City of Passaic as an additional insured. Proof shall include a Certificate of Insurance from an insurance licensed to do business in the State of NJ.</p> | | |
| <p>Proof of professional malpractice insurance for each individual practitioner.</p> | | |
| <p>A photograph of every autoclave that will be used. The make, brand name, model, serial number printed on the back of the photograph. The autoclave shall comply with the N.J.A.C. 8:27-5.1 through 5.8.</p> | | |
| <p>A copy of the manufacturer's specification for operation of the autoclave.</p> | | |
| <p>A current copy of a negative biological indicator result for steam sterilizers to the Health Division. <i>(Required for application for INITIAL licensure)</i>. Routine biological and chemical monitoring shall meet the requirements set forth in N.J.A.C. 8:27- 5.4.</p> | | |
| <p>Proof of a written agreement for consultative services with a physician licensed in the State of New Jersey. This proof shall be</p> | | |

| | | |
|--|--|--|
| provided for each application for INITIAL licensure and application for RENEWAL of a license that is scheduled to expire. | | |
| Proof of completion of a bloodborne pathogens training course for all of the following: the owner(s), owner's designee(s), manager(s), practioner(s), and apprentice(s). The training course shall be from the American Red Cross, the Association of Professional Piercers, or a provider approved by the NJ Department of Health & Senior Services. Bloodborne pathogens training shall be obtained on an annual basis pursuant to Rule 29 CFR part 1910.1030. (<i>Proof of training shall be provided with the application for INITIAL licensure and every subsequent application for license RENEWAL</i>). | | |
| Valid proof of hepatitis B immunization series for each practioner, apprentice, and any other employee with a potential occupational exposure to blood or bodily fluids. If an employee cannot obtain hepatitis B immunizations for medical reasons, he/she shall submit to the Health Division a letter from a licensed physician certifying that the individual does not have hepatitis B and the vaccination is contraindicated. (<i>Required for application for INITIAL licensure and for any new employees not listed on the INITIAL application at time of license renewal</i>). | | |
| Proof of successful completion of a First Aid Certification course sponsored by the American Red Cross. (<i>Proof of training shall be provided with the application for INITIAL licensure and every subsequent application for license RENEWAL</i>). | | |
| Proof that the operator has experience in the operation of a body piercing facility for at least twelve months. ALL of the following forms of proof shall be submitted with the INTITAL application to fulfill this requirement: <ol style="list-style-type: none"> 1. A signed testament from a previous employer that the applicant has been piercing professionally at least one full year; 2. A business license, business records or purchasing records verifying that the applicant operates out of a legitimate business; 3. One or more samples of the applicant's advertising. | | |
| Proof of each practioner having completed a minimum of 1,000 hours of experience performing the art of body piercing at a licensed body piercing facility as an apprentice prior to being qualified as a practioner. ALL of the following of proof shall be submitted with the INITIAL application and any subsequent application for license renewal if new practioner's have been added: <ol style="list-style-type: none"> 1. Business records which may include tax records, references from former employers, or certificates of course completion or memberships in professional organizations such as the | | |

| | | |
|--|--|--|
| <p>Association of Professional Body Piercers or other organizations recognized by the NJ Department of Health & Senior Services.</p> <ol style="list-style-type: none">2. Submit a minimum of ten (10) original photographs of various body piercings which the practioner has personally performed and a minimum of three (3) signed and notarized testaments from previous clients;3. Provide evidence of completion of a bloodborne pathogens course from the American Red Cross, the Association of Professional Piercers, or a provider approved by the NJ Department of Health & Senior Services. | | |
| <p>A written training program if the body art establishment will provide training to apprentices.</p> | | |