



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***
REVIEWED BY _____
LIC. NO. _____
DATE _____

BODY ART ESTABLISHMENT LICENSE APPLICATION

This application shall be completed in full for INITIAL licensure and for RENEWAL of an existing license which is scheduled to expire. At least prior to the expiration of a license, the licensee shall make an application for renewal. Please read all of questions carefully. All information MUST be printed legibly.

SECTION I- ESTABLISHMENT LOCATION INFORMATION

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: _____

Is this a new establishment? Yes No

If **YES**, did you submit floor plans/specifications to the Health Division for approval? Yes No

What types of body piercing will be performed in the establishment? _____

What days and hours will your establishment be in operation? _____

SECTION II- APPLICANT INFORMATION

Is the Owner a corporation, partnership, LLP, or LLC? Yes No
If you answered **YES**, **SKIP** this section and **COMPLETE** Section III

Will the establishment have more than one owner? Yes No
If you answered **YES**, you **MUST** provide name, personal, and contact information for **EACH** owner below.

COMPLETE INFORMATION FOR FIRST INDIVIDUAL BELOW

Full Legal Name of Owner: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this owner a citizen of the United States? Yes No

If you answered YES, you must provide proof of citizenship with this application.

If you answered **NO**, is this owner the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one:
 INS Alien Registration Card Form I-151 Authorizing Employment
 INS Alien Registration Card Form I-551 Authorizing Employment
 INS Alien Registration Card Form I-94 Authorizing Employment
You must provide proof of this documentation with your application.

Has this owner completed a Bloodborne Pathogens training course in the last year? Yes No
Proof of training must be provided with this application.

If **YES**, please provide name of _____
place where course was taken and _____
date taken in this box. _____

COMPLETE INFORMATION FOR SECOND INDIVIDUAL BELOW

Full Legal Name of Owner: _____

Home Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this owner a citizen of the United States? Yes No

If you answered YES, you must provide proof of citizenship with this application.
If you answered **NO**, is this owner the holder of documentation authorizing employment
in the United States? Yes No

What type of documentation? Select one: INS Alien Registration Card Form I-151 Authorizing Employment
 INS Alien Registration Card Form I-551 Authorizing Employment
 INS Alien Registration Card Form I-94 Authorizing Employment
You must provide proof of this documentation with your application.

Has this owner completed a Bloodborne Pathogens training course in the last year? Yes No
Proof of training must be provided with this application.

If **YES**, please provide name of _____
place where course was taken and _____
date taken? _____

COMPLETE INFORMATION FOR THIRD INDIVIDUAL BELOW

Full Legal Name of Owner: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this owner a citizen of the United States? Yes No

If you answered YES, you must provide proof of citizenship with this application.
If you answered **NO**, is this owner the holder of documentation authorizing employment
in the United States? Yes No

What type of documentation? Select one: INS Alien Registration Card Form I-151 Authorizing Employment
 INS Alien Registration Card Form I-551 Authorizing Employment
 INS Alien Registration Card Form I-94 Authorizing Employment
You must provide proof of this documentation with your application.

Has this owner completed a Bloodborne Pathogens training course in the last year? Yes No
Proof of training must be provided with this application.

If **YES**, please provide name of _____
where course was taken and date _____
taken? _____

COMPLETE INFORMATION FOR FOURTH INDIVIDUAL BELOW

Full Legal Name of Owner: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this owner a citizen of the United States? Yes No

If you answered YES, you must provide proof of citizenship with this application.

If you answered **NO**, is this owner the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one:

- INS Alien Registration Card Form I-151 Authorizing Employment
- INS Alien Registration Card Form I-551 Authorizing Employment
- INS Alien Registration Card Form I-94 Authorizing Employment

You must provide proof of this documentation with your application.

Has this owner completed a Bloodborne Pathogens training course in the last year? Yes No

Proof of training must be provided with this application.

If **YES**, please provide name of _____
 where course was taken and date _____
 taken? _____

SECTION III- INFORMATION FOR CORPORATION, PARTNERSHIP, LLP, LLC

Name of Corporation, Partnership, LLP, LLC: _____

Permanent Address: _____

Business Telephone: _____ Fax Telephone: _____

Post Office Address: _____

Federal Employer Identification Number (EIN) for Corporation, Partnership, LLP, LLC: _____

Social Security Number if Corporation, Partnership, LLP, LLC is a Proprietorship: _____

Below provide the name, personal, and contact information for EACH owner below, officer, director, and/or holder of ten percent of the issued stock.

COMPLETE INFORMATION FOR FIRST INDIVIDUAL BELOW

Full Legal Name:

Please check ALL that apply to this individual's position in the corporation, partnership, LLP, or LLC:

- Owner
- Officer
- President
- Stockholder
- Vice President
- Other (Describe): _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No

If you answered YES, you must provide proof of citizenship with this application.

If you answered **NO**, is this individual the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one:

- INS Alien Registration Card Form I-151 Authorizing Employment
- INS Alien Registration Card Form I-551 Authorizing Employment
- INS Alien Registration Card Form I-94 Authorizing Employment

You must provide proof of this documentation with your application.

Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No

Proof of training must be provided with this application.

If **YES**, please provide name of _____
 where course was taken and date _____
 taken? _____

COMPLETE INFORMATION FOR SECOND INDIVIDUAL BELOW

Full Legal Name: _____

Please check ALL that apply to this individual's position in the corporation, partnership, LLP, or LLC:

- Owner Officer
 President Stockholder
 Vice President Other (Describe): _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No**If you answered YES, you must provide proof of citizenship with this application.**If you answered **NO**, is this individual the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one:

- INS Alien Registration Card Form I-151 Authorizing Employment
 INS Alien Registration Card Form I-551 Authorizing Employment
 INS Alien Registration Card Form I-94 Authorizing Employment

You must provide proof of this documentation with your application.Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No**Proof of training must be provided with this application.**If **YES**, please provide name of where course was taken and date taken? _____**COMPLETE INFORMATION FOR THIRD INDIVIDUAL BELOW**

Full Legal Name: _____

Please check ALL that apply to this individual's position in the corporation, partnership, LLP, or LLC:

- Owner Officer
 President Stockholder
 Vice President Other (Describe): _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No**If you answered YES, you must provide proof of citizenship with this application.**If you answered **NO**, is this individual the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one:

- INS Alien Registration Card Form I-151 Authorizing Employment
 INS Alien Registration Card Form I-551 Authorizing Employment
 INS Alien Registration Card Form I-94 Authorizing Employment

You must provide proof of this documentation with your application.Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No**Proof of training must be provided with this application.**If **YES**, please provide name of where course was taken and date taken? _____

COMPLETE INFORMATION FOR FOURTH INDIVIDUAL BELOW

Full Legal Name: _____

Please check ALL that apply to this individual's position in the corporation, partnership, LLP, or LLC:

- Owner Officer
 President Stockholder
 Vice President Other (Describe): _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No**If you answered YES, you must provide proof of citizenship with this application.**If you answered **NO**, is this individual the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one:

- INS Alien Registration Card Form I-151 Authorizing Employment
 INS Alien Registration Card Form I-551 Authorizing Employment
 INS Alien Registration Card Form I-94 Authorizing Employment

You must provide proof of this documentation with your application.Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No**Proof of training must be provided with this application.**If **YES**, please provide name of where course was taken and date taken? _____**If you have additional individuals to list, photocopy a blank copy of this page and add additional owners on photocopy.****SECTION IV- OPERATOR INFORMATION**

Below provide the names, personal, and contact information for the operator(s)/manager(s) of the establishment. The operator is the person who has control and custody of the establishment and manages the day-to-day operations of the body art establishment.

No person shall operate a facility unless it is at all times under the direct supervision of an operator pursuant to N.J.A.C. 8:27-2.6 (a) 7.

COMPLETE INFORMATION FOR FIRST OPERATOR/MANAGER BELOW

Full Legal Name: _____

Please check one that applies to individual:

- Operator
 Assistant Operator

List all duties individual will have in the establishment: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No**If you answered YES, you must provide proof of citizenship with this application.**If you answered **NO**, is this owner the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one:

- INS Alien Registration Card Form I-151 Authorizing Employment
 INS Alien Registration Card Form I-551 Authorizing Employment
 INS Alien Registration Card Form I-94 Authorizing Employment

You must provide proof of this documentation with your application.

Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No

Proof of training must be provided with this application.

If **YES**, please provide name of _____
where course was taken and date _____
taken? _____

COMPLETE INFORMATION FOR SECOND OPERATOR/MANAGER BELOW

Full Legal Name: _____

Please check one that applies to individual: Operator Assistant Operator

List all duties individual will have in the establishment: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No

If you answered YES, you must provide proof of citizenship with this application.

If you answered **NO**, is this owner the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one: INS Alien Registration Card Form I-151 Authorizing Employment INS Alien Registration Card Form I-551 Authorizing Employment INS Alien Registration Card Form I-94 Authorizing Employment
You must provide proof of this documentation with your application.

Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No

Proof of training must be provided with this application.

If **YES**, please provide name of _____
where course was taken and date _____
taken? _____

SECTION V- PRACTITIONER & APPRENTICE INFORMATION

Below provide the names, personal, and contact information for all practioners and/or apprentices who will be performing body art in the establishment. Practioners are individuals who will performs body piercing inclusive of any portion of the ear with the exception of the ear lobe. Apprentices are individuals that perform body piercing under the direct supervision of a practioner in order to learn body art procedures.

COMPLETE INFORMATION FOR FIRST PRACTITIONER/APPRENTICE BELOW

Full Legal Name: _____

Select **ONE** that describes the individual listed: Practioner Apprentice

List all duties individual will have in the establishment: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No

If you answered YES, you must provide proof of citizenship with this application.

If you answered **NO**, is this owner the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one:

- INS Alien Registration Card Form I-151 Authorizing Employment
 INS Alien Registration Card Form I-551 Authorizing Employment
 INS Alien Registration Card Form I-94 Authorizing Employment

You must provide proof of this documentation with your application.

Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No

Proof of training must be provided with this application.

If **YES**, please provide name of where course was taken and date taken? _____

Has this individual completed the hepatitis B immunization series? Yes No

Proof of the hepatitis B immunization series must be provided for each practioner. If the practioner cannot obtain the vaccinations for medical reasons, a statement from a licensed physician certifying that (1) the individual does not have hepatitis B and that the vaccination is contraindicated shall be provided.

Has this individual completed a First Aid Certification course sponsored by the American Red Cross? Yes No

A current copy of the practioner's certification must be provided with this application.

COMPLETE INFORMATION FOR SECOND PRACTIONER/APPRENTICE BELOW

Full Legal Name: _____

Select **ONE** that describes the individual listed:

- Practioner
 Apprentice

List all duties individual will have in the establishment: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No

If you answered YES, you must provide proof of citizenship with this application.

If you answered **NO**, is this owner the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one:

- INS Alien Registration Card Form I-151 Authorizing Employment
 INS Alien Registration Card Form I-551 Authorizing Employment
 INS Alien Registration Card Form I-94 Authorizing Employment

You must provide proof of this documentation with your application.

Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No

Proof of training must be provided with this application.

If **YES**, please provide name of where course was taken and date taken? _____

Has this individual completed the hepatitis B immunization series? Yes No

Proof of the hepatitis B immunization series must be provided for each practioner. If the practioner cannot obtain the vaccinations for medical reasons, a statement from a licensed physician certifying that (1) the individual does not have hepatitis B and that the vaccination is contraindicated shall be provided.

Has this individual completed a First Aid Certification course sponsored by the American Red Cross? Yes No

A current copy of the practioner's certification must be provided with this application.

COMPLETE INFORMATION FOR THIRD PRACTIONER/APPRENTICE BELOW

Full Legal Name: _____

Select **ONE** that describes the individual listed:

- Practioner
 Apprentice

List all duties individual will have in the establishment: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No

If you answered YES, you must provide proof of citizenship with this application.

If you answered **NO**, is this owner the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one:

INS Alien Registration Card Form I-151 Authorizing Employment

INS Alien Registration Card Form I-551 Authorizing Employment

INS Alien Registration Card Form I-94 Authorizing Employment

You must provide proof of this documentation with your application.

Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No

Proof of training must be provided with this application.

If **YES**, please provide name of where course was taken and date taken?

Has this individual completed the hepatitis B immunization series? Yes No

Proof of the hepatitis B immunization series must be provided for each practioner. If the practioner cannot obtain the vaccinations for medical reasons, a statement from a licensed physician certifying that (1) the individual does not have hepatitis B and that the vaccination is contraindicated shall be provided.

Has this individual completed a First Aid Certification course sponsored by the American Red Cross? Yes No

A current copy of the practioner's certification must be provided with this application.

COMPLETE INFORMATION FOR FOURTH PRACTIONER/APPRENTICE BELOW

Full Legal Name: _____

Select **ONE** that describes the individual listed:

Practioner

Apprentice

List all duties individual will have in the establishment:

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No

If you answered YES, you must provide proof of citizenship with this application.

If you answered **NO**, is this owner the holder of documentation authorizing employment in the United States? Yes No

What type of documentation? Select one:

INS Alien Registration Card Form I-151 Authorizing Employment

INS Alien Registration Card Form I-551 Authorizing Employment

INS Alien Registration Card Form I-94 Authorizing Employment

You must provide proof of this documentation with your application.

Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No

Proof of training must be provided with this application.

If **YES**, please provide name of where course was taken and date taken?

Has this individual completed the hepatitis B immunization series? Yes No

Proof of the hepatitis B immunization series must be provided for each practioner. If the practioner cannot obtain the vaccinations for medical reasons, a statement from a licensed physician certifying that (1) the individual does not have hepatitis B and that the vaccination is contraindicated shall be provided.

Has this individual completed a First Aid Certification course sponsored by the American Red Cross? Yes No

A current copy of the practioner's certification must be provided with this application.

COMPLETE INFORMATION FOR FIFTH PRACTITIONER/APPRENTICE BELOW

Full Legal Name: _____

Select **ONE** that describes the individual listed: Practitioner
 Apprentice

List all duties individual will have in the establishment: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No**If you answered YES, you must provide proof of citizenship with this application.**If you answered **NO**, is this owner the holder of documentation authorizing employment in the United States? Yes NoWhat type of documentation? Select one: INS Alien Registration Card Form I-151 Authorizing Employment
 INS Alien Registration Card Form I-551 Authorizing Employment
 INS Alien Registration Card Form I-94 Authorizing Employment
You must provide proof of this documentation with your application.Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No**Proof of training must be provided with this application.**If **YES**, please provide name of where course was taken and date taken? _____
_____Has this individual completed the hepatitis B immunization series? Yes No**Proof of the hepatitis B immunization series must be provided for each practitioner. If the practitioner cannot obtain the vaccinations for medical reasons, a statement from a licensed physician certifying that (1) the individual does not have hepatitis B and that the vaccination is contraindicated shall be provided.**Has this individual completed a First Aid Certification course sponsored by the American Red Cross? Yes No**A current copy of the practitioner's certification must be provided with this application.****COMPLETE INFORMATION FOR SIXTH PRACTITIONER/APPRENTICE BELOW**

Full Legal Name: _____

Select **ONE** that describes the individual listed: Practitioner
 Apprentice

List all duties individual will have in the establishment: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City, State, Country of Birth: _____

Is this individual a citizen of the United States? Yes No**If you answered YES, you must provide proof of citizenship with this application.**If you answered **NO**, is this owner the holder of documentation authorizing employment in the United States? Yes NoWhat type of documentation? Select one: INS Alien Registration Card Form I-151 Authorizing Employment
 INS Alien Registration Card Form I-551 Authorizing Employment
 INS Alien Registration Card Form I-94 Authorizing Employment
You must provide proof of this documentation with your application.Has this individual completed a Bloodborne Pathogens training course in the last year? Yes No**Proof of training must be provided with this application.**

SECTION VIII- CERTIFICATION STATEMENT OF OPERATOR

This certification statement shall be signed by the operator of the establishment.
The operator is the person who has control and custody of the establishment and manages the day-to-day operations of the body art establishment.

Submission of this application does not constitute Health Division approval for operation of the establishment. Final approval from the Health Division is dependent on receipt of all required documents, final review of all documents, preoperational inspection, and issuance of a certificate of inspection for the proposed premises by the Health Division. Note that violations of applicable city ordinances and/or state laws can result in revocation of the body art establishment license.

By signing below the operator has read and understands city code and state sanitary code pertaining to body piercing. The applicant understands all of the following:

1. Tattooing is prohibited in body art establishments;
2. Implants under the skin shall not be performed in a body art establishment;
3. Scarification such as branding and cutting shall not be performed in a body art establishment;
4. No person shall perform any body art procedure upon a person under 18 years of age without the presence, written consent, and proper identification of a parent or legal guardian. If a client’s parents and/or legal guardians are suspected to be under the influence of alcohol, drugs, or any other behavioral modifying substance, the operator and/or practioner shall refuse the client;
5. No person shall perform genital piercing upon a person under 18 years of age, without the presence, written consent, and proper identification of a parent or legal guardian;
6. No person shall operate a facility unless it is at all times under the direct supervision of an operator;
7. The licensee shall notify the Passaic Health Division within five working calendar days of a change in the following information:
 - The business name or ownership;
 - The area code and telephone number;
 - An address change resulting from city or postal service action;
 - Closure or sale of facility; or
 - A change in procedures or personnel.
8. The licensee will report all infections requiring medical referral or injuries resulting from any body art procedure to the Passaic Health Division within 24 hours.

By signing below the operator further certifies that all information provided in the APPLICATION CHECKLIST and the LICENSE APPLICATION is true and correct to the best of his/her knowledge. If any information provided by the applicant is found to be false, the applicant may be subject to prosecution and any license issued under an application containing false information will be revoked.

Signature of Operator

Date

Print Name of Person Signing Above