



West Windsor Township

271 Clarksville Road, West Windsor, NJ 08550 * Tel. (609) 799-2400 * Fax (609) 799-2044

DEPARTMENT OF HUMAN SERVICES
Division of Health

Body Art Establishment License Application

Date:	Fee:
Name of Establishment:	
Location of Establishment:	
Establishment Phone Number:	
Name of Owner(s):	
Owner Mailing Address:	
Owner Phone #:	Emergency Contact #:
Owner Email:	
Hours of operation:	
Procedures to be performed onsite (check all that apply):	
<input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Ear Piercing	
Other:	

THE ABOVE LICENSING FEE HAS BEEN ESTABLISHED BY WEST WINDSOR TOWNSHIP CODE, CHAPTER 82.
FEE IS BASED ON PROCEDURES CONDUCTED AT THE BODY ART ESTABLISHMENT.
LICENSES ARE NON-TRANSFERABLE AND FEES ARE NON-REFUNDABLE.

THE UNDERSIGNED AGREES TO OPERATE THIS BODY ART ESTABLISHMENT IN ACCORDANCE WITH ALL APPLICABLE STATE AND LOCAL REGULATIONS.

Statement of Change of information notification requirements

I, _____, will notify the West Windsor Township Board of Health within 5 calendar days in the event of a change in the following information: business name or ownership; area code and telephone number; address change resulting from city or postal service action; license status, whether from active to inactive practice or from inactive to active practice; closure or sale of facility; or a change in procedures or personnel.

The undersigned agrees to operate this establishment in compliance with The New Jersey State Sanitary Code, Chapter VIII, Body Art Procedures, NJAC 8:27-1 et seq., and all applicable federal, state and local regulations and requirements. I have read and fully understand the attached *N.J.A.C. 8:27-2.6 Prohibitions* and agree to comply with such.

SIGNATURE OF OWNER: _____ DATE: _____

REV 08/2023

FOR OFFICE USE ONLY			
License # Issued:	Paid \$:	Check#:	Cash: