Department of Health

Permanent

APPLICATION FOR APPROVAL TO OPERATE A BODY ART ESTABLISHMENT
(AUTHORITY: N.J.A.C. 8:27-1 et seq.)

Type of Establishment

☐ Tattoo ☐ Permanent Cosmetics
☐ Body Piercing ☐ Ear Piercing

FOR DEPARTMENT USE ONLY

Amount Received: $_____ Date: ___/___/____
☐ Check ☐ Money Order Check No.:

ESTABLISHMENT IDENTIFICATION

Name and Mailing Address of Owner or Corporation	Name and Address of Establishment
Telephone Number at Mailing Address ( )	**Telephone Number at Establishment Location** ( )

Name of Operator	Fax Number ( )	E-Mail Address

If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:

☐Owner/Corporation Name _____
☐Mailing Address _____
_____
☐Tel. # at Mailing Address ( ) _____
☐Establishment Name _____
☐FAX Number ( ) _____

☐Establishment Location _____
_____
☐E-Mail Address _____
☐Tel. # at Location ( ) _____
☐Operator _____

ESTABLISHMENT INFORMATION

Names of Corporate Officers:

_____
_____
_____

Names of Partners:

_____
_____
_____

Name of all practitioners: **Describe Body Art performed:**

Practitioner:	Specialty:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

Please Submit Qualifications for the following:

☐ Operator
☐ Practitioner
☐ Apprentice

Renewal applications need only to submit the Names and Qualifications of new staff.

Please submit the following information:

☐ Municipal zoning approval
☐ Approval from local construction official
☐ Inventory of processing equipment, jewelry, inks
☐ Description of all services provided
☐ Photograph, negative biological of autoclave
☐ Manufacturer's instructions for the autoclave
☐ Copy of malpractice insurance for each practitioner
☐ Copy of informed consent for each procedure
☐ Copy of after care instructions for each procedure
☐ Copy of client application
☐ Policies for HBV vaccine series
☐ Policies for latex allergies
☐ Written agreement with physician (Body piercing and permanent cosmetics only)

Renewal applications need only submit changes to the above information

Water Supply	Waste Disposal	Hours of Operation: _____
☐ Municipal ☐ Well	☐ Sanitary Sewer ☐ Septic System	Days of Operation: _____

CERTIFICATION BY APPLICANT

I have received and read Chapter 8 of The New Jersey State Sanitary Code and I certify that this Body Art Establishment meets these standards. I understand that obtaining a permit by means of fraud, misrepresentation or concealment shall result in closure of the Body Art Establishment. I certify the statements made in this application are true, complete and correct to the best of my knowledge and belief.

Name of Applicant (Print)	Title of Applicant

Signature of Applicant	Date

AN ORDINANCE AMENDING CHAPTER 94 ("FEES") TO AMEND AND RECONFIGURE SUBSECTION F ("HEALTH") THEREOF OF THE MUNICIPAL CODE OF THE TOWNSHIP OF BRIDGEWATER was adopted on December 3, 2025, and became effective on December 23, 2025.

§ 94-2Schedule of fees.

The following schedule of fees shall be charged from and after the effective date of this chapter:

m. Late fee, per month, for failure to renew retail food establishment or any other required license by final due date One half the license fee amount not to exceed $100.00 per month

q. Health clubs, spas, tanning parlors $100.00 r. Tattoo parlors, body piercing establishments $200.00

6. Cost recovery/Expenses a. Fee to certify document (s) $ 10.00 b. Fee for all checks or drafts dishonored or for any reason returned uncollected. $ 35.00 c. Failure to notify of cancellation of inspection $100.00

Any fees charged pursuant to this ordinance, with the exception of animal licenses, shall be prorated based on the number of months remaining in the year of licensing but no less than one-fourth (1/4) the amount set forth above. All permits, license, approvals and applications of the Bridgewater Township Division of Health shall be non-transferrable and shall be valid only for the applicants and properties for which they were listed

Adopted: December 3, 2025 Effective: December 23, 2025

THE TOWNSHIP OF BRIDGEWATER

100 COMMONS WAY/BRIDGEWATER NJ 08807
908/725-6300/ FAX 908/707-1235
TDD 908/725-6300/ 908/722-4111

Dear Owner of Bridgewater Body Art Establishment,

Please be advised that if you do not renew by January 31st of each year, you will be required to pay a $100 late fee. This office mails the renewal in ample time, and you will not be contacted multiple times reminding you of your failure to renew by the deadline. After the 31st if payment is received it will be considered late, and you will be expected to send an additional $100 per month late fee as per the Bridgewater Township Municipal Ordinance.

§ 94-2 License fees.

A.

The fee for licensure of body art establishments are as provided herein below:

(1)

Initial license: $200.

(2)

License renewal (annually): $200.

(3)

Late fee: $100.

B.

The license to operate shall not be transferable, must be renewed annually, and shall continue in force until the last day of the 12th month following the issuance of the license, unless removed, and subject to revocation and/or suspension in accordance with §94-2.

Please ensure that person responsible for renewing your license understands that the license for the establishment is expected to be renewed by January 31st. License must be renewed each year and late fees will result in a court summons.

Patty Timko-Parker

Registered Environmental Health Specialist

Department of Human Services

pparker@bridgewaternj.gov

Phone: 908-725-6300 x5205