



MAPLEWOOD HEALTH DEPARTMENT APPLICATION FOR A 2022 TATTOO/BODY ART BUSINESS LICENSE

The undersigned hereby applies for a license to operate a tattoo/body art business in the Township of Maplewood. I/We agree to abide by the regulations and ordinances of the Township and the State of NJ.

Name of Business: _____

Address: _____

Telephone: _____

Business Owner: _____

President/Manager (if applicable): _____

Address: _____

Telephone: _____ **Email:** _____

Name of Building Owner (if different): _____

Address: _____

Telephone: _____ **Email:** _____

Emergency Contact (Name & phone): _____

Signature of Applicant: _____ **Date** _____

Annual Fee: \$200 **Make Check Payable to:** Township of Maplewood
Mail to: Maplewood Health Department, 574 Valley Street, Maplewood, NJ 07040

Please include copies of your:

- State of NJ Business Registration Certificate
- All Tattoo/Body Art Practitioner Credentials
- Proof of Professional Medical Liability Insurance for each practitioner
- Current copy of a Negative Biological Indicator Test

For Office Use Only

Paid CASH CHECK # _____ Date: _____ Amount: _____ TOS # _____

License # _____ Issued: _____ Date of last inspection: _____

SATISFACTORY CONDITIONAL UNSATISFACTORY