

GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND SENIOR SERVICES
204 E Holly Ave
Sewell, NJ 08080
Phone (856) 218-4170
Fax (856) 218-4161

BODY ART RENEWAL APPLICATION

Applicant's Legal Name: _____

Home Address: _____

Home/Cell Phone: _____ Business Phone: _____

Full Business Name: _____

Location of Establishment: _____

Mailing Address (if different): _____

_____ Individual _____ Partnership _____ Corporation
If applicant is a Partnership or Corporation, include name and address of all partners or corporate officers: _____

Services Provided:
___ Tattooing ___ Body Piercing ___ Permanent Cosmetics ___ Ear Piercing

Name of Operator: _____ Hours of Operation: _____

See attached letter for list of required documentation to be submitted
Annual Renewal Fee \$150.00
(\$50.00 for ear piercing only)
PAYABLE BY CHECK OR MONEY ORDER TO COUNTY OF GLOUCESTER

Signature of Applicant: _____ Date: _____

FOR AGENCY USE ONLY
_____ Application Approved _____ Application Denied (Reason for Denial):

Date of Action: _____ Signature: _____