

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 APPLICATION TO OPEN/CONSTRUCT/ALTER**

Applicant's Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home 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: \_\_\_\_\_

Water Supply: Municipal \_\_\_\_ Well \_\_\_\_ Sewage Disposal: Municipal \_\_\_\_ Septic \_\_\_\_

THE FEE MUST BE SUBMITTED WITH THE COMPLETED APPLICATION  
*Initial Application Fee: \$300.00*    *Initial Application Fee: \$150.00 (ear piercing only)*  
*Alteration/Expand Fee: \$150.00*    *Temporary Establishment Fee: \$1,000.00*  
PAYABLE BY CHECK OR MONEY ORDER TO "COUNTY OF GLOUCESTER"

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date of Action: \_\_\_\_\_ Signature: \_\_\_\_\_.