

FRANKLIN BOROUGH HEALTH DEPARTMENT
APPLICATION TO OPERATE A TATTOO PARLOR
IN THE BOROUGH OF FRANKLIN

Permit Fee \$500.00

Application Date _____

I hereby make application to operate a tattoo parlor in the Borough of Franklin.

Applicant _____

Home Address _____ Phone _____

Trade Name _____

Bus. Address _____ Phone _____

Check One: Individual _____ Partnership _____ Corporation _____

Sources of supply for dyes, inks, pigments, etc.

_____ Phone _____

_____ Phone _____

List All Employees:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case such permit is granted, I hereby agree to comply at all times with the requirements of the Borough of Franklin, the Police Department and the laws of the State of New Jersey pertaining to the conduct of such business.

Signature of Applicant Title Date

For Health Department Use Only

Approved _____

Health Officer

Not approved _____

Date _____

Permit No. _____