

Borough of Franklin Lakes  
Board of Health  
480 DeKorte Drive  
Franklin Lakes, NJ 07417  
201-891-0048, Extension 5  
Fax No. 201-891-0101

**Application for a Body Art Establishment License  
\$500.00 License Fee**

Name of the establishment \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

Owner's name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

What cosmetic procedures will you be performing in your establishment? \_\_\_\_\_  
\_\_\_\_\_

Please note that the Franklin Lakes Health Department must be notified of all changes in the above stated information.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Att: New Jersey State Application