TOWNSHIP OF SOUTHAMPTON

5 RETREAT ROAD
SOUTHAMPTON, NJ 08088
609-859-2736

LICENSE FOR BODY ART ESTABLISHMENTS

Ordinance Number 4.6

Application for Establishment Name:_____

Name:_____
First Middle Last

Address _____

City:_____ State/Zip_____

Telephone_____ Cell Phone_____

Email:_____

Address where license would be applied: _____

City:_____ State/Zip_____

Block:_____ Lot_____

Purpose:_____

_____

Applicant agrees to abide by any conditions the Township Committee considers necessary to preserve the Public Health, Safety and Welfare of the residents of Southampton Township.

Application fee:_____Date Fee Received:_____

Type of payment (check #):_____(cash)_____

I understand if a license is issued, it will expire on December 31st of this year.

Signature:_____

Title:_____Date:_____