

**JUVENILE JUSTICE COMMISSION
TATOO REMOVAL INTIATIVE**

VENDOR DESCRIPTION AND QUESTIONNAIRE

Applicant Name: _____

Applicant Address: _____

Applicant Phone #: _____

Applicant Email: _____

Contact Person: _____

PLEASE IDENTIFY THE REGION(S) IN WHICH YOU HAVE A FACILITY WHERE YOU CAN PROVIDE

- | | | | | | | |
|-------------------------------------|----------------------------------|-------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Bergen | <input type="checkbox"/> Burlington | <input type="checkbox"/> Camden | <input type="checkbox"/> Cape May | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Essex |
| <input type="checkbox"/> Gloucester | <input type="checkbox"/> Hudson | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Mercer | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Morris |
| <input type="checkbox"/> Ocean | <input type="checkbox"/> Passaic | <input type="checkbox"/> Salem | <input type="checkbox"/> Somerset | <input type="checkbox"/> Sussex | <input type="checkbox"/> Union | <input type="checkbox"/> Warren |

TATTOO REMOVAL SERVICES:

NOTES:

Name: _____

Signature: _____

Date: ____/____/____

FOR JJC USE ONLY

Approved By: _____

Date: ____/____/____