

CHECKLIST FOR MASSAGE, BODYWORK, AND SOMATIC THERAPY ESTABLISHMENT

NEW APPLICANTS MUST SUBMIT FOLLOWINGS ALONG WITH THIS APPLICATION:

1. ___ \$250 NON-REFUNDABLE APPLICATION FEE
2. ___ CRIMINAL HISTORY RECORDS OF APPLICANTS AND BUSINESS OWNERS.
(FOLLOW INSTRUCTION FROM BOROUGH'S POLICE DEPARTMENT)
3. ___ SUBMIT PLAN REVIEW APPLICATION ALONG WITH ESTABLISHMENT'S FLOOR PLAN or BLUEPRINT
(BUILDING LAYOUT, DIAGRAM.) PLAN REVIEW APPLICATION FEE: \$225 BY CASH OR CHECK.
4. ___ TWO(2) FRONT-FACED PHOTOS TAKEN WITHIN 30 DAYS OF THE DATE OF APPLICATION
(PASSPORT SIZE 2"X2")
5. ___ COPY OF NJ MASSAGE & BODYWORK EMPLOYER LICENSE. GO TO
<http://www.njconsumeraffairs.gov/mbt/Pages/business.aspx>
6. ___ COPY OF STATE OF NJ MASSAGE THERAPISTS CERTIFICATES OF ALL THERAPISTS EMPLOYED BY YOU

RENEWAL APPLICANTS MUST SUBMIT FOLLOWINGS ALONG WITH THIS APPLICATION:

1. ___ \$250 NON-REFUNDABLE APPLICATION FEE, LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR.
2. ___ LATE FEE: \$500 ON OR AFTER FEBRUARY 1ST.
3. ___ TWO(2) FRONT-FACED PHOTOS TAKEN WITHIN 30 DAYS OF THE DATE OF APPLICATION
(PASSPORT SIZE 2"X2").
4. ___ COPY OF NJ MASSAGE & BODYWORK EMPLOYER LICENSE. GO TO
<http://www.njconsumeraffairs.gov/mbt/Pages/business.aspx>
5. ___ COPY OF STATE OF NJ MASSAGE THERAPISTS CERTIFICATES OF ALL THERAPISTS EMPLOYED BY YOU.

YEAR _____
NEW _____ RENEWAL _____

APPLICATION: MASSAGE, BODYWORK AND SOMATIC THERAPY ESTABLISHMENT LICENSE

PLEASE COMPLETE APPLICATION IN ITS ENTIRETY FOR TIMELY ISSUANCE OF YOUR LICENSE.

LICENSE FEE (ESTABLISHMENT): \$250 ANNUALLY (NONREFUNDABLE) EXP: DEC. 31ST EACH YEAR

Note: Late fees on or after February 1st (ALL ESTABLISHMENTS) DOUBLE

METHOD OF PAYMENT: CASH _____ MONEY ORDER _____ CERTIFIED BANK CHECK _____ (CHOOSE ONE)

SECTION1:

PLEASE CHECK ONE: _____ CORPORATION, _____ PARTNERSHIP, _____ LLC, _____ SOLE PROPRIETORSHIP

CORPORATION NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

STATE OF NJ MASSAGE & BODYWORK EMPLOYER LICENSE NO. _____

(Please attach a copy of license)

SECTION2:

OWNER'S NAME: _____

MAILING ADDRESS: _____

TEL# _____ CELL# _____ FAX# _____

EMAIL ADDRESS: _____

FOR HEALTH DEPARTMENT USE ONLY:
FEE PAID: _____
CASH: _____ CHECK NO. _____ MONEY ORDER:# _____ CERT. CHECK# _____
DATE APPROVED: _____

SECTION3:

NAME OF MESSAGE ESTABLISHMENT: _____

PLEASE PROVIDE A COMPLETE LIST OF THE ALL MESSAGE, BODYWORK & SOMATIC THERAPISTS, AND ALL EMPLOYEES. (ATTACH A SEPARATE SHEET IF NECESSARY)

NAME	JOB TITLE	HOME ADDRESS	PHONE NUMBER	LIC. NUMBER (Attach a copy of license)	EXP. DATE

NOTE: It shall be the responsibility of the owner/operator to maintain an updated employee list and provide the same to the Palisades Park Board of Health.

THIS IS TO CERTIFY THAT I, _____, THE APPLICANT, CERTIFY THAT ALL MESSAGE, BODYWORK AND SOMATIC THERAPIST EMPLOYED OR TO BE EMPLOYED BY THE ESTABLISHMENT OR OTHERWISE PERMITTED TO WORK AT THE ESTABLISHMENT HAVE BEEN LICENSED STATE OF NEW JERSEY PURSUANT TO THE MESSAGE AND BODYWORK THERAPIST LICENSING ACT, P.L. 1999, c. 19, AMENDED 2007, c. 337.

OWNER'S SIGNATURE _____

PRINT NAME _____

HOME ADDRESS _____

THIS FORM MUST BE NOTARIZED

SWORN AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC

SECTION 4: THE FOLLOWING PERSONAL INFORMATION CONCERNING THE APPLICANTS, IF AN INDIVIDUAL; EACH STOCKHOLDER OF MORE THAN 10% OF THE STOCK OF THE CORPORATION, EACH OFFICER AND EACH DIRECTOR, IF THE APPLICANT IS A CORPORATION; THE PARTNERS, INCLUDING LIMITED PARTNERS, IF THE APPLICANT IS A PARTNERSHIP; AND THE MANAGER OR OTHER PERSON PRINCIPALLY IN CHARGE OF THE OPERATION OF THE BUSINESS SHALL BE PROVIDED. (ATTACH A SEPARATE SHEET IF NECESSARY)

NAME _____ PHONE # _____

ADDRESS _____

TWO PREVIOUS ADDRESSES IMMEDIATELY PRIOR TO THE PRESENT ADDRESS

ADDRESS 1 _____

ADDRESS 2 _____

PROOF OF AGE _____ HEIGHT _____ WEIGHT _____ SEX _____

HAIR COLOR _____ EYE COLOR _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MISDEMEANOR TRAFFIC VIOLATIONS? NO _____

IF YES _____, GIVE DETAILS: _____

TWO FRONT-FACE
PORTRAIT PHOTOS TAKEN
WITHIN 30 DAYS OF THE
DATE OF APPLICATION, AT
LEAST **2in x 2 in IN SIZE**

NAME _____ PHONE # _____

ADDRESS _____

TWO PREVIOUS ADDRESSES IMMEDIATELY PRIOR TO THE PRESENT ADDRESS

ADDRESS 1 _____

ADDRESS 2 _____

PROOF OF AGE _____ HEIGHT _____ WEIGHT _____ SEX _____

HAIR COLOR _____ EYE COLOR _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MISDEMEANOR TRAFFIC VIOLATIONS? NO _____

IF YES _____, GIVE DETAILS: _____

TWO FRONT-FACE
PORTRAIT PHOTOS TAKEN
WITHIN 30 DAYS OF THE
DATE OF APPLICATION, AT
LEAST **2in x 2 in IN SIZE**

NAME _____ PHONE # _____

ADDRESS _____

TWO PREVIOUS ADDRESSES IMMEDIATELY PRIOR TO THE PRESENT ADDRESS

ADDRESS 1 _____

ADDRESS 2 _____

PROOF OF AGE _____ HEIGHT _____ WEIGHT _____

SEX _____ HAIR COLOR _____ EYE COLOR _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MISDEMEANOR TRAFFIC VIOLATIONS? NO _____

IF YES _____, GIVE DETAILS: _____

TWO FRONT-FACE
PORTRAIT PHOTOS TAKEN
WITHIN 30 DAYS OF THE
DATE OF APPLICATION, AT
LEAST **2in x 2 in IN SIZE**

SECTION 5: THIS SECTION MUST BE COMPLETED **BY EACH OF THE APPLICANTS** LISTED IN **SECTION 4.** IN ADDITION, FINGERPRINTS OF EACH APPLICANT MUST ALSO BE PROVIDED WITH THE APPLICATION. THE APPLICANT SHALL EXECUTE A WAIVER AND CONSENT TO ALLOW A CRIMINAL BACKGROUND CHECK BY THE BOROUGH POLICE DEPARTMENT. FAILURE TO EXECUTE SUCH A WAIVER AND CONSENT SHALL RESULT IN DENIAL OF A LICENSE.

1. HAVE YOU PREVIOUSLY OPERATE IN THIS OR ANY OTHER MUNICIPALITY OR STATE UNDER A LICENSE OR PERMIT? YES _____ NO _____
2. IF YES, PLEASE STATE THE CITY AND STATE IN WHICH YOU OPERATED: _____
3. HAS YOUR LICENSE EVER BEEN DENIED, REVOKED OR SUSPENDED? YES _____ NO _____
4. IF YES, PLEASE EXPLAIN WHY? _____
5. PLEASE PROVIDE THE NAMES AND ADDRESSES OF THREE ADULTS WHO WILL SERVE AS CHARACTER REFERENCES. THESE REFERENCES MUST BE PERSONS OTHER THAN RELATIVES AND BUSINESS ASSOCIATES.

PLEASE ANSWER BELOW:

	<u>NAME:</u>	<u>NAME:</u>	<u>NAME:</u>	<u>NAME:</u>
Q1.	YES:____ NO:____	YES:____ NO:____	YES:____ NO:____	YES:____ NO:____
Q2.	<u>EXPLAIN:</u>	<u>EXPLAIN:</u>	<u>EXPLAIN:</u>	<u>EXPLAIN:</u>
Q3.	YES:____ NO:____	YES:____ NO:____	YES:____ NO:____	YES:____ NO:____
Q4.	<u>EXPLAIN:</u>	<u>EXPLAIN:</u>	<u>EXPLAIN:</u>	<u>EXPLAIN:</u>
Q5.	<u>1.NAME:</u> <u>ADDRESS:</u>	<u>1.NAME:</u> <u>ADDRESS:</u>	<u>1.NAME:</u> <u>ADDRESS:</u>	<u>1.NAME:</u> <u>ADDRESS:</u>
	<u>2.NAME:</u> <u>ADDRESS:</u>	<u>2.NAME:</u> <u>ADDRESS:</u>	<u>2.NAME:</u> <u>ADDRESS:</u>	<u>2.NAME:</u> <u>ADDRESS:</u>
	<u>3.NAME:</u> <u>ADDRESS:</u>	<u>3.NAME:</u> <u>ADDRESS:</u>	<u>3.NAME:</u> <u>ADDRESS:</u>	<u>3.NAME:</u> <u>ADDRESS:</u>

SIGNATURE OF THE APPLICANT

DATE