PALISADES PARK HEALTH DEPARTMENT
275 BROAD AVENUE
PALISADES PARKN, NJ 07650
TEL: (201) 585-4105 FAX: (201) 944-6748

MASSAGE, BODYWORK AND SOMATIC THERAPIST LICENSE APPLICATION

January 1, 2023 - December 31, 2023

NOTE: Late Fees on or after February 1st (ALL LICENSEES) DOUBLE

SECTION 1:

NAME: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____

CONTACT NUMBER: _____

NJ MASSAGE AND BODYWORK THERAPIST LICENSE #_____

- **Copy of the license must be provided with this application.** Exp. Date:_____

SECTION 2:

CURRENTLY EMPLOYED ESTABLISHMENT: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT TELEPHONE #: _____FAX: _____E-mail: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S CONTACT NUMBER: _____

SECTION 3: (Checks payable to Palisades Park Health Department)

a. Massage Practitioner Permit……Fee: $300.00 ☐

b. Massage Practitioner ID Card (Renewal every 2 years)……..……Fee: $25.00 ☐

SECTION 4:

☐ Affidavit from a licensed physician stating that the applicant is free from contagious/communicable disease within 30 days of the date of application.

☐ Criminal History Background check required through Palisades Park Police Department.

-I certify that the information provided on this form is true and complete to the best of my knowledge and further acknowledge that if the above information is willfully false, I am subject to punishment and/or disciplinary sanction provided by law. -Responsibilities of licensee. The license holder shall be responsible for compliance with all laws and rules relating to the operation of the premises at which administering of massage, body work and/or somatic therapies pursuant to the provisions of the Massage and Bodywork Therapist Licensing Act, N.J.S.A. 45:11-53.

Signature: _____ **Print Name:** _____ **Date:** _____

FOR HEALTH DEPARTMENT USE ONLY----------

Date Received: ____/_____/20_____ License Number: _____ Approved By: _____

Date Issued: _____/_____/20_____ Cash/Check #: _____ Classification: _____