



Borough of Watchung

BOARD OF HEALTH

For Office Use Only

License Number: _____

License Year: _____

Payment Amount: _____

APPLICATION TO OPERATE A MASSAGE, BODYWORK AND/OR SOMATIC THERAPY ESTABLISHMENT

ANNUAL FEE: \$200.00

EXPIRATION DATE: MARCH 31ST (of every year)

Date of Application: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Owner's Name: _____ Phone: _____

Owner's Address: _____ Email: _____

Is the Owner: () Individual () Partnership () Corporation () LLC

Type of Service Offered: _____

Days and Hours of Operation: _____

Signature

Date

The Items Listed Below Are Required for ALL NEW AND RENEWAL Applications

- 1) Attach list of names, addresses and ID proof of all massage, bodywork and somatic therapists and employees in the business including the manager or other person principally in charge of operation of the business.
- 2) Attach personal information from applicant as follows:
 - Name, complete residence address, phone number and email.
 - Two previous addresses immediately prior to the present application.
 - Written proof of age.
 - Height, weight, sex and color of hair and eyes.
 - 2 front face portrait photographs (at least 2x2 inches in size) taken within 30 days of the date of application.
 - Massage therapy or similar business history/experience, including but not limited to whether such person has previously operated in this or another city or state under a license or permit or has had such license or permit denied, revoked or suspended and the reason therefore and the business activities or occupations after such action or denial, suspension or revocation.
 - The applicant shall go to the Police Department to execute a waiver and consent to allow a fingerprinting and criminal background check performed by PD.
- 3) The names and addresses of 3 adult residents of the county who will serve as character references. The references must be persons other than relatives and business associates.

Inspection and Application Approved By: _____

Date Approved: _____

Kevin Sumner, Health Officer (732) 968-5151
15 Mountain Boulevard, Watchung New Jersey 07069
Phone: (908) 756-0080; Fax: (908) 757-7027 Permits/Applications www.watchungnj.com