

Raritan Township Board of Health

1 Municipal Drive, Flemington, NJ 08822

Phone: 908-806-6101

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www.raritan-township.com

APPLICATION FOR MASSAGE THERAPY ESTABLISHMENT LICENSE Date of Application _____

This application must be filled out completely, accurately, and truthfully. Fraud, misrepresentation, false statement, or omission of any required information in the application, or a failure to submit all requested accompanying items in Section III, will result in a denial of the permit.

I. BUSINESS INFORMATION

Business/trade name: _____

Street address: _____

Mailing address (if different than above): _____

All business phone numbers: _____

Business fax number: _____

Email: _____

Ownership (check one): Individual _____ Partnership _____ Corporation _____ Other _____

If Individual owner, provide the following:

Name: _____

Home address: _____

Mailing address: _____

Phone: _____

Email: _____

If Partnership or Corporation, provide the following for each partner, corporate officer and corporate stockholder exceeding 10% ownership (attach more sheets if necessary):

Partner / Officer / Stockholder Names: _____

Residential addresses: _____

Mailing addresses: _____

Phone numbers: _____

Emails: _____

If "Other," provide as much detail as possible about the ownership of the business, including all known names and contact information:

Full description of all services offered: _____

Days and hours of operation: _____

II. OWNER INFORMATION

a. Owner's previous two (2) legal residential addresses.

Name of Property Owner _____

Street Address _____

Town/City, State/Zip _____

Street Address _____

Town/City, State/Zip _____

Name of Property Owner _____

Street Address _____

Town/City, State/Zip _____

Street Address _____

Town/City, State/Zip _____

b. Owner's Personal Information

Name _____

Maiden name/Previous married name(s)/Aliases used _____

Home address _____

Phone # _____ Date of birth _____ Place of birth _____

Gender _____ Height _____ Weight _____ Eye color _____ Hair color _____

Driver's license # _____ Issuing state _____

Social Security # _____ Are you a U.S. citizen: Yes _____ No _____

If not a U.S. citizen, what is your country of citizenship _____

Are you a Resident Alien: Yes _____ No _____

If a Resident Alien, Green Card # _____ Expiration date _____

c. Have you or any owner, partner, corporate officer, stockholder, operator, manager, or employee ever been arrested for, and/or convicted of a crime (other than misdemeanor traffic violations)?

Yes _____ No _____ (If "Yes," complete below. If more room is needed, attach separate sheets.)

Name _____

Date _____ Location _____ Arresting Agency _____

Charge _____

Disposition _____

d. Do you have any massage therapy or other similar business experience?

Yes _____ No _____ (If "Yes," complete below. If more room is needed, attach separate sheets.)

Job title _____ Business name _____

Business address _____

e. Have you or any owner, partner, corporate officer, stockholder, operator, manager, or employee ever had a massage permit and/or massage license and/or NJDCA Board of Massage and Bodywork Therapy certification denied, revoked or suspended?

Yes _____ No _____ (If "Yes," complete below. If more room is needed, attach separate sheets.)

Date: _____ Facility Name/Location: _____

Explanation: _____

f. Have you or any owner, partner, corporate officer, stockholder, operator, manager, or employee ever been ordered by a health department or police department to temporarily or permanently close a massage facility, or been issued summons by a health department or police department for violations occurring at a massage facility?

Yes _____ No _____ (If "Yes," complete below. If more room is needed, attach separate sheets.)

Date: _____ Facility Name/Location: _____

Explanation: _____

g. Have you held any other job in the last ten (10) years other than what is listed above?

Yes _____ No _____ (If "Yes," complete below. If more room is needed, attach separate sheets.)

Business name: _____

Business address: _____

Business owner/manager/direct supervisor: _____

h. Please list the names, addresses and daytime and evening telephone numbers of at least three (3) adults (preferably who live and/or work in Hunterdon County) who will serve as character references. Each contact listed must be a person other than a relative and/or current or past business associate.

1. _____
2. _____
3. _____

III. REQUESTED ACCOMPANYING ITEMS – The following items must accompany all new applications, and may also be required for renewal applications whenever there have been any changes or revisions to the operation (including, but not limited to, addition of new employees) which render the original submitted items invalid or obsolete.

- a. Two (2) color front-face portrait photographs (at least 2x2 inches in size) taken within thirty (30) days of the date of application for each therapist.
- b. A photocopy of the NJDCA Board of Massage and Bodywork Therapy state certification for each therapist.
- c. A copy of the NJDCA Board of Massage and Bodywork Therapy employer registration certificate.
- d. A copy of a government-issued photo ID document (passport, green card, driver license, etc.) for each employee.
- e. A written disinfection plan for all linens, towels, reusable instruments, and surfaces.
- f. Sketch of floor plan.
- g. Receipt from fingerprint service.
- h. Proof of ownership of the property where the establishment will be operated, or a copy of the signed lease agreement.
- i. Proof of General Liability insurance.

IV. EMPLOYEE INFORMATION

Provide a complete list of all employee names, job titles and residence addresses. For Therapists, also include their NJDCA Board of Massage and Bodywork Therapy certification number. Attach additional sheets as needed.

This Employee List must be kept current by the owner and available for inspection at the establishment. The Raritan Township Board of Health must be notified in writing prior to any new employee beginning work at the establishment, and receive all required documentation for all proposed new therapists prior to their beginning work at the establishment.

I hereby certify that all massage, bodywork and somatic therapists employed or to be employed by the establishment or otherwise permitted to work at the establishment have been licensed by the State of New Jersey pursuant to the Massage and Bodywork Therapist Licensing Act, N.J.S.A. 45:11-53 et seq.

_____ *Printed name of owner / manager / representative* _____ *Signature* _____ *Date*

Name _____ Job Title _____ NJDCA # _____
 Address _____

Name _____ Job Title _____ NJDCA # _____
 Address _____

Name _____ Job Title _____ NJDCA # _____
 Address _____

Name _____ Job Title _____ NJDCA # _____
 Address _____

Name _____ Job Title _____ NJDCA # _____
 Address _____

Name _____ Job Title _____ NJDCA # _____
 Address _____

Name _____ Job Title _____ NJDCA # _____
 Address _____

Name _____ Job Title _____ NJDCA # _____
 Address _____

V. RELEASE AUTHORIZATION

This section MUST BE COMPLETED IN THE PRESENCE of an employee of the Raritan Township Municipal Clerk's Office.

PLEASE BE ADVISED: Under Penalty of Law, any person who gives or causes to be given any false statement or information in applying for a massage establishment permit is guilty of a crime of the fourth degree. A person commits a crime of the fourth degree if he/she makes a written false statement which he/she does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable (NJSA 2C:28-3a). Furthermore, any fraud, misrepresentation, or false statements on this application will devolve upon the owner of the massage establishment, and will result in the suspension and/or revocation of the establishment's permit to operate within the Township of Raritan.

APPLICANT

I, _____, on _____, hereby make an application to the Raritan Township Board of Health
(Print name) *(date)*

for a Massage, Bodywork, and/or Somatic Therapy Establishment License. I am aware that my fingerprints are being submitted for the purpose of determining any previous and potentially future criminal arrest information. I hereby waive any alleged claims of privilege that I may otherwise have with regard to my fingerprints for the purpose of this application. I authorize the Raritan Township Police Department to conduct an investigation of myself to determine my eligibility to practice Massage, Bodywork and/or Somatic Therapy and/or operate such an establishment. I hereby release, discharge, and exonerate the Raritan Township Police Department, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of furnishing, inspection, or collection of documents, records and other information or the investigation made by the Raritan Township Police Department.

I understand that licenses are not transferable, and that changes in ownership, location, or license lapses of one (1) year or more shall require a new license.

I understand that licenses may be suspended or revoked at any time in accordance with recommendations by the Administrative Agency of the Raritan Township Board of Health and provisions of state and/or local codes and ordinances related to the conduct of said business.

I hereby agree that I have read and understood Chapter 5.50, the Raritan Township Massage, Bodywork or Somatic Therapy Establishments Ordinance and at all times to conduct said premises in conformance with the purposes, intent and provisions of all state and local codes and ordinances.

Applicant Signature: _____

RARITAN TOWNSHIP MUNICIPAL CLERK'S OFFICE WITNESS

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Form of Payment: _____ Date Received: _____ Amount _____

Approved _____ Rejected _____ Authorized Agent _____
(Print Name)

Date Permit Issued: _____ Expiration Date: _____ Permit # _____