

**BOROUGH OF NEW MILFORD
930 RIVER ROAD
NEW MILFORD, NEW JERSEY 07646**

(201) 967-5044

APPLICATION FOR MASSAGE LICENSE

DATE: _____

FEE: \$250 _____

APPLICATON FOR LICENSE

Any person wishing to obtain a massage, bodywork and somatic therapy establishment license shall file a written application with the Municipal Clerk containing the following information:

SECTION I

The type of ownership of the business (i.e., whether individual, partnership, corporation or otherwise)

Type of Ownership

The name and style (massage, bodywork, somatic therapy, etc.) under which the business is to be conducted.

Name and Style

The business address and all telephone numbers, including facsimile, where business is to be conducted.

Address

Phone #

Phone #

Fax#

If the property is leased please provide a copy of the lease. If the property is owned please provide a copy of the deed.

SECTION II

A complete list of the names and home addresses of all massage, bodywork and somatic therapists and employees of the business and the name and home address of the manager or other person principally in charge of the operation of the business which shall be updated for each new employee. Please attach a separate sheet if necessary.

Name

Address

You must also submit a sworn statement indicating 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 P.L. 1999, amended 2001, c.337 in addition to providing a copy of the license of each massage, bodywork and somatic therapist.

SECTION III

The following personal information concerning the applicant, 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 (Please attach a separate sheet if necessary):

Name

Phone #

Address

The two previous addresses immediately prior to the present address

Address

Address

Proof of Age

Height

Weight

Sex M/F

Hair Color

Eye Color

Name

Phone #

Address

The two previous addresses immediately prior to the present address

Address

Address

Proof of Age

Height

Weight

Sex M/F

Hair Color

Eye Color

Name

Phone #

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Phone #

Address

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Address

Address

Proof of Age

Height

Weight

Sex M/F

Hair Color

Eye Color

SECTION IV

This section must be completed by each of the applicants listed in Section III. In addition, each applicant must supply two front-face portrait photographs taken within 30 days of the date of the application measuring at least two inches by two inches. Fingerprints of each applicant must also be provided with the application.

Have you previously operated in this or any other Municipality or State under a license or permit? Yes _____ No _____

If yes, please state the city and state in which you operated: _____

Has your license ever been denied, revoked or suspended? Yes _____ No _____

Is yes, please explain why? _____

Please list all criminal convictions other than misdemeanor traffic violations, fully disclosing the jurisdiction in which convicted and the offense for which convicted and circumstances thereof. 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 a denial of license.

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.

Name

Address

Name

Address

Name

Address

Signature of the Applicant

Date

This application has been reviewed in accordance with New Milford Borough Ordinance 3-7 Section B, Massage Parlors and satisfies the minimum requirements of the ordinance. This approval is valid for one year from the date of issuance.

Christine Demiris, RMC, CMC
Borough Clerk

Date