

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

**Fee: \$500**

License expires \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Type of Ownership:    Individual    Partnership    Corporation    Other: \_\_\_\_\_

Type of Services Offered: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUIRED ATTACHMENTS:**

- A. Attach list of names and addresses 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
- B. Attach personal information from applicant as follows:
  - Name, residential address and telephone number.
  - Two (2) previous addresses immediately prior to the present application
  - Valid photo Driver’s License or Government Issued photo ID
  - Height, weight, sex and color of hair and eyes
  - Two (2) front face portrait photographs (minimum size - 2x2 inches) taken within 30 days of the date of application
  - Massage therapy or similar business history and experience, including but not limited to whether or not 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 subsequent to such action or denial, suspension or revocation
  - All criminal convictions other than misdemeanor traffic violations, fully disclosing the jurisdiction in which convicted and circumstances thereof. The applicant shall execute a waiver and consent to allow a fingerprint and criminal background check by the Police Department
- C. Massage, Bodywork and Somatic Therapy Certificate issued by the New Jersey Office of the Attorney General Division of Consumer Affairs.
- D. Plans/sketch of establishment, need to be reviewed by Health Department
- E. The names and addresses of three (3) adult residents of the county who will serve as character references. These references must be persons other than relatives and business associates.
- F. Approval of Lumberton Township Board of Health, upon application completion.

**HEALTH DEPARTMENT USE:**

(circle one):      APPROVED / DENIED      Date: .....

Inspector Signature: .....