

APPLICATION TO PROVIDE MASSAGE SERVICE
WITHIN HILLSBOROUGH TOWNSHIP

- ☐ Owner/Practitioner
- ☐ Owner only
- ☐ Practitioner only

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____ ZipCode: _____

Business Address: _____ ZipCode: _____

Driver's License Number: _____ Height: _____

Weight: _____ Date of Birth: _____ Social Security # _____

Home Phone: _____ Business Phone: _____

Previous Addresses (last ten years):

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Previous Employment (last ten years):

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

1. Have you completed a minimum of 500 hours or study of massage, anatomy or physiology, and professional ethics as outlined in the Code of Ethics of the National Certification for Therapeutic Massage and Bodywork (NCTMB), or comparable professional code of ethics?

☐ Yes

☐ No

If yes, please attach documentation of such completion.

2. Are you a member of a nationally-recognized Massage Therapy Association?

☐ Yes

☐ No

3. Please advise the entire funding source used for opening this business: _____

List all persons who have an interest in this business of 10% or greater:

NAME	ADDRESS	PHONE	DOB	SS #
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

4. Have you ever been convicted of a crime?

- ☐ Yes
- ☐ No

If yes, explain:

Have you ever been convicted of any sex-related offense?

- ☐ Yes
- ☐ No

If yes, explain:

5. Do you have liability insurance?

- ☐ Yes
- ☐ No

If yes, submit copy of policy.

6. If applicable, have you contacted the Hillsborough Township Building, Zoning, Health, and Fire Officials and obtained the necessary approvals and/or permits?

- ☐ Yes
- ☐ No

A. Building	Yes	No	N/A
B. Zoning	Yes	No	N/A
C. Health	Yes	No	N/A
D. Fire Officials	Yes	No	N/A

Please supply copies of all approvals or certificates.

7. Have you attached two recent passport sized color photographs taken within the past sixty (60) days?

- ☐ Yes
- ☐ No

8. Have you been fingerprinted by a police department and attached the appropriate card to the application?

- ☐ Yes
- ☐ No

A fee of \$30.00 in the form of a certified check or money order made out to the New Jersey State Police – S.B.I. is attached.

- ☐ Yes
- ☐ No

9. The appropriate licensing fee is attached in the form of a certified check or money order made out to "The Township of Hillsborough."

Initial application fee:

Owner/Practitioner	\$250.00	_____
Owner Only	\$250.00	_____
Practitioner or Therapist	\$100.00	_____

Annual renewal:

Owner/Practitioner	\$250.00	_____
Owner Only	\$250.00	_____
Practitioner	\$100.00	_____

DO NOT WRITE BELOW THIS LINE – FOR TOWNSHIP USE ONLY

_____ Appropriate fees attached Initials: _____
_____ Application completed properly Initials: _____
 (Review with applicant)

_____ Date application submitted to Chief of Police for background investigation
 Initials: _____

_____ Date application returned by Chief of Police with recommendation
 Initials: _____

Application – Approved: _____ Date: _____ Initials: _____
Application – Denied: _____ Date: _____ Initials: _____

If denied, appropriate documentation attached and letter sent to applicant on
_____.

If approved, appropriate certificate forwarded to applicant on _____.

Township Clerk Signature: _____

After signature of the Township Clerk, please submit a complete copy of all materials to the Chief of Police.

Date: _____ Initials: _____