



**MASSAGE ESTABLISHMENT APPLICATION
HILLSBOROUGH TOWNSHIP**

<p>Received: <u> </u>/<u> </u>/<u> </u></p> <p>Tracking # <u> </u></p>
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- New Application - \$200**
- Renewal - \$100**

<p>Personal Information</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: Home (____)____-____ Cell (____)____-____</p> <p>Email: _____</p> <p>Date of Birth _____ Social Security # _____</p> <p>Driver's License # _____</p>
<p>Business Information</p> <p>Attach New Jersey Massage & Body Therapist Employee Registration.</p>	<p>Business Name: _____</p> <p>Address: _____</p> <p>Phone: (____)____-____ Email: _____</p>
<p>Previous Addresses</p> <p>Within the last 5 years</p>	<p>_____ Dates _____</p> <p>_____ Dates _____</p> <p>_____ Dates _____</p> <p>_____ Dates _____</p>
<p>Previous Employment</p> <p>Within the last 5 years</p>	<p>_____ Dates _____</p> <p>_____ Dates _____</p> <p>_____ Dates _____</p> <p>_____ Dates _____</p>
<p>Do you have a license to practice massage & bodywork therapy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you possess a license issued by the NJ Board of Massage and Bodywork Therapy to practice massage and bodywork therapy?</p> <p>If Yes, please attach a copy of the New Jersey Board of Massage & Bodywork Therapy License.</p>
<p>Have you contacted the Hillsborough Township Building, Zoning, Health and Fire Officials and obtained necessary approvals and/or permits?</p> <p>A. Building <input type="checkbox"/></p> <p>B. Zoning <input type="checkbox"/></p> <p>C. Fire Officials <input type="checkbox"/></p> <p>**Please supply copies of all approvals or certificates</p>	

Fingerprinting Instructions

- Respond to the Hillsborough Township Police Department Dispatch Center and advise them that you must be fingerprinted. **A government issued form of identification must be presented.**
- The reason for fingerprinting is; **Massage Therapy - Local Ordinance**
- The Police Department will provide you with a **New Jersey Universal Fingerprint Form**. The Police Department will enter the Contributors Case Number on the form.
- Complete **blocks #9 thru #26** on the Fingerprint Form.
- Follow the instructions on the New Jersey Universal Fingerprint Form to schedule an appointment to be fingerprinted.
- The results of your fingerprint check will be electronically transmitted to the Hillsborough Township Police Department.

For Township Use Only

Departmental Review and Response		
Department	Comments	Initial & Date
Clerk		
Building		
Fire Safety		
Police		
Zoning		
Clerk		
<p>The Above indicated departments recommend that the Township Committee:</p> <p><input type="checkbox"/> Approve this application as long as any conditions noted above are met.</p> <p><input type="checkbox"/> Deny the application for the reasons noted above</p>		
<p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date _____</p> <p style="text-align: right;">License # : 2015 _____</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Pamela Borek – Township Clerk, RMC Date</p>		