



MASSAGE ESTABLISHMENT APPLICATION HILLSBOROUGH TOWNSHIP

- ☐ New Application - \$200
☐ Renewal - \$100

Received: __/__/__

Tracking # _____

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

Fingerprinting Instructions

- Login to <https://uenroll.identogo.com/>
- Enter Service Code: 2F1BJG
- Select Schedule an appointment
- Fill in required information on website
- Enter Contributor Case Number: PRR
- Complete online application and scheduling system
- Use Originating Agency # (ORI): NJ0181000

For Township Use Only

Departmental Review and Response		
Department	Comments	Initial & Date
Clerk		
Building		
Fire Safety		
Police		
Zoning		
Clerk		

The Above indicated departments recommend that the Township Committee:

☐ Approve this application as long as any conditions noted above are met.

☐ Deny the application for the reasons noted above

☐ **Approved**
☐ **Denied**

Date _____

License # : 2015 _____

Pamela Borek – Township Clerk, RMC

Date



HILLSBOROUGH TOWNSHIP POLICE DEPARTMENT RELEASE INFORMATION



I, _____, am making application for a Massage Establishment license. As a result, an investigation is being conducted to determine my eligibility. I do hereby authorize a review and full disclosure of all records and information concerning myself, whether the said records or information is of a public, private, or confidential nature.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the said Municipality, County Prosecutor's Office and/or Department of Law and Public Safety any such information, formal or informal, pending or closed, or any other pertinent data, and to permit the said Municipality, County Prosecutor's Office and/or Department of Public Safety or their representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate the said Municipality, County Prosecutor's Office and the Department of Law and Public Safety, their representatives and any other person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collecting of such documents, records, and any other information or the investigation made by the said Municipality, the County Prosecutor's Office and/or the Department of Law and Public Safety.

A photocopy of this authorization and release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization and Release".

Full Name

Signature (include maiden name)

Address _____

Phone Number _____

Date of Birth _____

Social Security Number _____

Driver's License Number _____