



**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**

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

<b>Departmental Review and Response</b>		
<b>Department</b>	<b>Comments</b>	<b>Initial &amp; Date</b>
<b>Clerk</b>		
<b>Building</b>		
<b>Fire Safety</b>		
<b>Police</b>		
<b>Zoning</b>		
<b>Clerk</b>		
<p><b>The Above indicated departments recommend that the Township Committee:</b></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"/> <b>Approved</b></p> <p><input type="checkbox"/> <b>Denied</b></p> <p><b>Date</b> _____</p> <p style="text-align: right;"><b>License # : 2015</b> _____</p> <p style="text-align: right;">_____</p> <p style="text-align: right;"><b>Pamela Borek – Township Clerk, RMC      Date</b></p>		



## 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 \_\_\_\_\_