

BOROUGH OF MANVILLE
SOMERSET COUNTY, NEW JERSEY

Application for Massage Establishment License

Massage Establishment / Owner's License: \$250.00
Practitioner's Permit: \$100.00

Part A: OWNER'S INFORMATION

(to be completed by certificant or sole owner of the massage establishment)

Name of Owner/Certificant: _____

Address: _____

Telephone Number: _____

Business Name: _____

Business Address: _____

Telephone Number: _____

State Certification Number: _____

Date of Issuance: _____ Expiration Date: _____

Part B: OWNER'S INFORMATION

(to be completed by owner who is not a certificant, and must provide information concerning all persons having a 10% or greater ownership interest in the massage establishment. Use additional sheets if necessary.)

Name of Owner (10% or greater interest): _____

Home Address: _____
please provide addresses for five (5) years immediately preceding this application

Telephone Number: _____

Date of Birth: _____

In accordance with Ordinance #2006-1039, proof of comprehensive general liability insurance in the minimum amount of \$1 million per occurrence and professional liability insurance in the minimum amount of \$1 million per occurrence must be provided with this application.

OFFICE USE ONLY:

Date Application Filed: _____ Date of Approval/Denial: _____

Date License Issued and License No.: _____ Fee Paid: _____

Part B: OWNER'S INFORMATION (continued)

Have you ever been convicted of violating any criminal statute, including sexually related disorderly persons offenses, any offenses involving moral turpitude, or pre-trial intervention and diversion from the criminal justice system with respect to any crimes or such offenses? _____ Yes _____ No

If Yes, stated the date and place of conviction(s), nature of offense(s) and disposition(s).

Please provide a thorough description of your business, occupation or employment for the past five (5) years immediately preceding this application.

Please describe in detail your experience in rendering massage, bodywork or somatic services.

Please provide below the name, address, telephone number and written consent of the certificant who will be responsible for direct management of the massage establishment:

Name of Certificant: _____

Address: _____

Business Name: _____

Business Address: _____

Telephone Number: _____

Date of Issuance: _____ Expiration Date: _____

I certify that the applicant _____ is a part owner of the above business. I am a certificant of the State of New Jersey and will be responsible for direct management of the massage establishment.

Owner/Certificant in the State of New Jersey

In accordance with Ordinance #2006-1039, proof of comprehensive general liability insurance in the minimum amount of \$1 million per occurrence and professional liability

insurance in the minimum amount of \$1 million per occurrence must be provided with this application.

Part C: PRACTITIONER'S APPLICATION

(to be completed by practitioner employed by the establishment)

Name of Practitioner: _____

Home Address: _____
please provide addresses for five (5) years immediately preceding this application

Telephone Number: _____

Date of Birth: _____

Have you ever been convicted of violating any criminal statute, including sexually related disorderly persons offenses, any offenses involving moral turpitude, or pre-trial intervention and diversion from the criminal justice system with respect to any crimes or such offenses? _____ Yes _____ No

If Yes, stated the date and place of conviction(s), nature of offense(s) and disposition(s).

Please provide a thorough description of your business, occupation or employment for the past five (5) years immediately preceding this application.

Please describe in detail your experience in rendering massage, bodywork or somatic services.

Please provide below the name, address, telephone number and written consent of the certificant who will be responsible for direct management of the massage establishment:

Name of Certificant: _____

Address: _____

Business Name: _____

Business Address: _____

Telephone Number: _____

Date of Issuance: _____ Expiration Date: _____

Part C: PRACTITIONER’S APPLICATION (continued)

I certify that the applicant _____ is an employee of the above business. I am a certificant of the State of New Jersey and will be responsible for direct management of the massage establishment.

Owner/Certificant in the State of New Jersey

Part D: CONSENT FOR CRIMINAL RECORDS CHECK

In accordance with the provisions of Ordinance #2006-1039, I hereby certify that I am the within applicant (not a certificant of the State of New Jersey) and I hereby consent to a criminal records check. I understand that fingerprints are required and that I will pay the cost thereof in addition to the application/permit fee.

Signature and printed name of applicant **who is not a certificant** of the State of New Jersey

OFFICE USE ONLY:

Review and Acknowledgement of Borough Agencies:

Manville Police Department

Board of Health

By: _____

By: _____

Date:

Date:

Manville Building Department

Manville Zoning Officer

By: _____

By: _____

Date:

Date: