

**BOROUGH OF WATCHUNG
15 MOUNTAIN BLVD.
WATCHUNG, NJ 07069**

FEE: \$100.00 – non refundable

License Expires: _____

License Number: _____

**APPLICATION FOR LICENSE TO PRACTICE MASSAGE, BODYWORK AND/OR SOMATIC THERAPY
INDIVIDUAL THERAPISTS**

Name: _____

Street Address: _____

Mailing Address (If different): _____

Telephone: _____ **Fax:** _____

Previous Two (2) Addresses: _____

Age (Written Proof Required): _____ **Height:** _____ **Weight:** _____

Sex: _____ **Hair Color:** _____ **Eye Color:** _____

Attach personal information from applicant as follows:

- Two (2) front face portrait photographs (at least 2x2 inches in size) taken within 30 days of the date of application.
- Massage therapy or similar business history and experience, including but not limited to whether or not such person has previously operated in this or another city or state under a license or permit or has had such license or permit denied, revoked or suspended and the reason therefore and the business activities or occupations subsequent to such action or denial, suspension or revocation.
- All criminal convictions, including misdemeanor, disorderly and petty disorderly offenses, other than traffic violations, fully disclosing the jurisdiction in which convicted and circumstances thereof. The applicant shall execute a waiver and consent to allow a fingerprinting and criminal background check by the Police Department.

The names and addresses of three (3) adult residents of the county who will serve as character references. These references must be persons other than relatives and business associates.

Signature: _____

Date: _____

HEALTH DEPARTMENT USE:

APPROVED: _____

INSPECTOR: _____

NOT APPROVED: _____

DATE: _____

Borough of Watchung

BOARD OF HEALTH



BOROUGH OF WATCHUNG AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

I hereby authorize the Borough of Watchung Police Department to conduct a background check. I authorize my background check based upon the fact that I am applying for a Massage Establishment and/or Massage Therapists license in the Borough of Watchung. I hereby authorize the release of any and all documents, records and information relative to my background check.

I understand that my License status as a Massage Establishment and/or Massage Therapist is contingent upon the results of the aforementioned background check.

NAME: _____
ADDRESS: _____
PHONE: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____
DRIVER'S LICENSE NUMBER: _____

PLEASE ANSWER THE FOLLOWING:

Have you ever been convicted of a crime, including misdemeanor, disorderly and petty disorderly offenses other than traffic violations? _____ If yes, date and reason:

Please list all addresses at which you have resided for the past five years:
