



# Borough of Watchung

## BOARD OF HEALTH

**For Office Use Only**

License Number: \_\_\_\_\_

License Year: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

### ANNUAL RENEWAL

#### APPLICATION TO OPERATE A MASSAGE, BODYWORK AND/OR SOMATIC THERAPY ESTABLISHMENT

**ANNUAL FEE: \$200.00**

**EXPIRATION DATE: MARCH 31<sup>ST</sup> (of every year)**

Date of Application: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Is the Owner:      ( ) Individual      ( ) Partnership      ( ) Corporation      ( ) LLC

Type of Service Offered: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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### The Items Listed Below Are Only Required for New Establishments

- 1) Attach list of names, addresses and ID proof of all massage, bodywork and somatic therapists and employees in the business including the manager or other person principally in charge of operation of the business.
- 2) Attach personal information from applicant as follows:
  - Name, complete residence address, phone number and email.
  - Two previous addresses immediately prior to the present application.
  - Written proof of age.
  - Height, weight, sex and color of hair and eyes.
  - 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/experience, including but not limited to whether 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 after such action or denial, suspension or revocation.
  - The applicant shall go to the Police Department to execute a waiver and consent to allow a fingerprinting and criminal background check performed by PD.
- 3) The names and addresses of 3 adult residents of the county who will serve as character references. The references must be persons other than relatives and business associates.

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Inspection and Application Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Kevin Sumner, Health Officer (732) 968-5151  
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Permits/Applications [www.watchungnj.com](http://www.watchungnj.com)