

MASSAGE ESTABLISHMENT APPLICATION HILLSBOROUGH TOWNSHIP

Received://
Tracking #

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

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?	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				
□ res □ No	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? A. Building B. Zoning C. Fire Officials				
**Please supply copies of all approvals or certificates					

List name, address date of birth and social	Name:	SS#:	DOB:
security numbers for each massage			Phone: ()
therapist who will	Name:	\$\$#·	DOB:
provide massage services for this			Phone: ()
massage establishment including owner if			
applicable:			DOB:
	Address:		Phone: ()
Please attach a copy of	Name:	SS#:	DOB:
New Jersey Board of Massage & Bodywork	Address:		Phone: ()
Therapy License for each named individual.	Name:	SS#:	DOB:
cucii ilumca maiviadai.	Address:		Phone: ()
Have you ever been	If yes, please explain:		
convicted of a crime? ☐ Yes ☐ No			
	If we also a supplier		
Have you ever been convicted of any sex-related offense? ☐ Yes ☐ No	if yes, please explain:		
Do you have liability insurance? ☐ Yes ☐ No	If yes, submit a copy of	f the policy	
☐ Yes ☐ No	Have you attached a copy of a valid driver's license, passport or other government issued photographic identification?		
☐ Yes ☐ No	Have you attached two recent passport sized color photographs taken within the past sixty (60) days?		
☐ Yes ☐ No	Have you been fingerprinted in accordance with the State of New Jersey's current procedure for applicant fingerprinting? *See attached instructions		
☐ Yes ☐ No	Have you attached the appropriate licensing fee in the form of a certified check or money order made out to "The Township of Hillsborough"?		
	to mislead the issuing a		rect. Any misstatement of fact, eliberate or in error, may lead to
Signature		Date	:

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 – Tow	rnship Clerk, RMC Date			



HILLSBOROUGH TOWNSHIP POLICE DEPARTMENT RELEASE INFORMATION



a result, an investigation is being conducted	g application for a Massage Establishment license. As to determine my eligibility. I do hereby authorize a ormation concerning myself, whether the said records ential nature.
association or institution having control of any to me, to furnish to the said Municipality, Coulpublic Safety any such information, formal order, and to permit the said Municipality, Cou	n, company, corporation, governmental agency, court, documents, records, and other information pertaining nty Prosecutor's Office and/or Department of Law and informal, pending or closed, or any other pertinent unty Prosecutor's Office and/or Department of Public make copies of such documents, records, and other
Department of Law and Public Safety, their information from any and all liability of every nor collecting of such documents, records, and a	said Municipality, County Prosecutor's Office and the representatives and any other person so furnishing ature and kind arising out of the furnishing, inspection may other information or the investigation made by the ice and/or the Department of Law and Public Safety.
A photocopy of this authorization and release f the said photocopy does not contain an origina	form will be as valid as an original thereof, even though al writing of my signature.
I have read and fully understand the contents	of the "Authorization and Release".
Full Name	-
Signature (include maiden name)	-
Address	
Di ana Manakan	- -
Phone Number	

Date of Birth

Social Security Number

Driver's License Number