MASSAGE ESTABLISHMENT APPLICATION HILLSBOROUGH TOWNSHIP

☒ **Renewal - $100**

Received: __/__/__ Tracking # _____

☒ **New Application - $200**

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? **☒ Yes ☒ No**	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 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 security numbers for each massage therapist who will provide massage services for this massage establishment including owner if applicable: **Please attach a copy of New Jersey Board of Massage & Bodywork Therapy License for each named individual.**	Name: _____ SS#: _____ DOB:_____ Address: _____ Phone: (____)_____-_____ Name: _____ SS#: _____ DOB:_____ Address: _____ Phone: (____)_____-_____ Name: _____ SS#: _____ DOB:_____ Address: _____ Phone: (____)_____-_____ Name: _____ SS#: _____ DOB:_____ Address: _____ Phone: (____)_____-_____ Name: _____ SS#: _____ DOB:_____ Address: _____ Phone: (____)_____-_____
Have you ever been convicted of a crime? **☒ Yes ☒ No**	If yes, please explain:

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 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 cash, personal check, business check, certified check, or money order made out to "The Township of Hillsborough"?

Have you contacted the Hillsborough Township Building, Zoning, Health and Fire Officials and obtained necessary approvals and/or permits?

☐ Building ☐ Zoning ☐ Fire Officials

**Please provide copies of all approvals or certificates

Do you own the building?	☐ Yes ☐ No
If no, please provide the Landlord contact information	Name:_____ Mailing Address:_____ Phone:_____

I certify that all information contained in this application is true and correct. Any misstatement of fact, omissions, or attempts to mislead the issuing authority or its investigators, deliberate or in error, may lead to the denial of your application.

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**
Zoning		
Building		
Fire Safety		
Police		
Clerk		

The Above indicated departments recommend that the Municipal Clerk:

☒ Approve this application as long as any conditions noted above are met.

☒ Deny the application for the reasons noted above

☒ **Approved**

☒ **Denied**

Date_____ License # :_____

_____

Sarah Brake – Township Clerk, RMC Date

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_____