

#### THE TOWNSHIP OF BRIDGEWATER

100 COMMONS WAY/ BRIDGEWATER , NJ , 08807 908-725-6300 ext.5205/ FAX #908-595-0825

### Massage, Spa, Bodywork and Somatic Therapy Establishment Registration

On December 7, 2009, the Bridgewater Township Council adopted Ordinance #09-16, establishing restrictions and requirements for massage, spa, bodywork and somatic therapy establishment registrations. The purpose and intent of the ordinance is to provide for the orderly regulation of massage and bodywork establishments and massage and bodywork therapists in the Township. The ordinance establishes certain minimum standards for the education and conduct of this type of business which will protect the public health of the community.

It shall be unlawful for any person to own or operate a massage or bodywork therapy establishment within the Township of Bridgewater without first obtaining an establishment registration pursuant to the Bridgewater Municipal Code. This registration must be renewed on an annual basis. Please complete the enclosed copy of the establishment registration application and return to the Bridgewater Township

Health Division with the associated registration fee and required documents (  $\underline{massage}$ 

# therapist license and business license from the Division of Consumer Affairs). These forms must be returned to the Bridgewater Township Health Division no later than January 31.

For additional information regarding the registration and license application process and/or requirements, please contact the Bridgewater Township Health Division at **908-725-6300 Ext. 5205**.



#### BRIDGEWATER TOWNSHIP HEALTH DIVISION 100 COMMONS WAY BRIDGEWATER, NJ 08807 908-725-6300 #5205

#### MASSAGE ESTABLISHMENT REGISTRATION APPLICATION

Attach the following items at the time of application and renewal. Incomplete applications will not be processed or accepted. **YOUR APPLICATION MUST BE NOTARIZED**.

1. Original Driver's License or State Identification Card to be Presented for Review in Person				
2. Fee- Non Refundable- Payable to 'Bridgewater Township' Initial	l application	\$150		
Annu:	al renewal	\$100		
Please visit our website at <u>www.bridgewaternj.gov</u> to review the Massage Estab	lishment Or	dinance, Chapter 138		
Section 1: BUSINESS - ESTABLISHMENT INFORMATION	NEWS			
Business Name:				
Address of Location:				
Business Telephone		3		
E-mail address				
Website address				
Section 2: OWNER - PERSONAL INFORMATION				
Nama				
Name:				
Home Adress:				
City, State, Zip Code:				
E-mail Address:				
EEIN or SSI Number Place & Date of Birth:				
Γelephone Number Driver's License Number:				
List services to be provided:				
PREVIOUS ADDRESSES FOR THE LAST 10 YEARS (Attach additional pages a	s necessary	2		
Address:	Dates: _			
Address:	Dates: _			
Address:	Dates: _			
Will you be working as a Massage Therapist at this establishment?Yes	No			
Do you have a license to practice Massage & Rodywork Therapy?  Ves No				

## If Yes, please attach a copy of the NJ Board of Massage and Bodywork Therapy License Valid/ Expiration Date: \_\_\_\_\_ License # Please attach a copy of the NI Board of Massage and Bodywork EMPLOYER License Valid/ Expiration Date: \_\_\_\_\_ License # Have you had a previous massage establishment or similar business located in the Township of Bridgewater or in any other municipality or under state license? \_\_\_\_ Yes \_\_\_\_ No If yes, complete the following for each establishment you owned and operated: Date of close of Business: Business Name and Address: Reason for closing/moving business: Have you ever had your massage establishment license revoked or suspended? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain the reason and circumstances surrounding the license suspension or revocation. (Please attach additional sheet if necessary.) Please attach a copy of the NI Board of Massage and Bodywork Therapy License for each individual Number of persons to be employed as massage therapists at this establishment: List name, date of birth, and therapist license # for each massage therapist who will provide massage services for this establishment, including the owner if applicable: Date of birth: Name: \_\_\_\_\_ Valid/ Expiration Date: \_\_\_\_\_ Date of birth: Valid/ Expiration Date: \_\_\_\_\_ License # Date of birth: Valid/ Expiration Date: License # \_\_\_\_ Name: Date of birth: License # \_\_\_\_ Valid/ Expiration Date: \_\_\_\_\_ Section 3: LIST PREVIOUS PLACES OF EMPLOYMENT FOR LAST 10 YEARS (Applicant- Business Owner Info) (Attach additional pages as necessary) Business Name and Address: Business Phone Number: \_\_\_\_\_ Dates of Employment: Describe your position and work performed: Business Name and Address: Business Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ Describe your position and work performed:

Section 4: PROVIDE COPIES	OF ALL APPROVALS/CERT	TIFICATES FROM THE I	FOLLOWING OFFICIALS
- Building Department	Date of inspection(s):		<u> </u>
- Zoning Department	Date of inspection(s):		···
- Bureau of Fire Safety	Date of inspection(s):		*
Notes:			
Section 4: AFFIDAVIT			
STATE OF NEW JERSEY, COU	NTY OF SOMERSET		
	, first being duly	sworn, deposes and say	s that he/she is at least 18 years
of age, has read the foregoing	application by him/her sub	scribed and that he/she	knows the contents thereof, and
that the same is true of his/he	r own knowledge and belie	f. Any false or misleadir	ng information in, or in connection
with this application may be o	ause for denial or loss of lic	ense. The applicant will	l agree to present an original, valid
driver's license/State Identific	cation Card for review at the	time of application.	
Required Documentation at	Time of Application		
- Current Driver's Licen	se/ State Identification Card	d (File Copy to be Secure	ed at Time of Application)
- Initial/ Annual Fee- no	on refundable, Payable to 'B	ridgewater Township'	
Applicant's Name:	-	Signature:	
Subscribed and sworn to befo	re me this		
Day of	_, 20		

Notary's Signature