

**TOWNSHIP OF DENVILLE  
HEALTH DEPARTMENT**

1 Saint Mary's Place ▪ Denville ▪ 07834

Office Phone: 973-625-8300 x261

Office Fax: 973-6278371

**APPLICATION INSTRUCTIONS  
MASSAGE, BODYWORK, AND SOMATIC THERAPY ESTABLISHMENT LICENSE**

The enclosed application must be completed in its entirety and must be accompanied by the following:

1. The license fee in the amount of \$250 made payable by check or money order to the "Denville Health Department". Cash payments may only be made in person by visiting the Township Health Department at the address above, Monday to Friday, 8:00 am to 4:00 pm excluding legal holidays.
2. A copy of a current State of NJ Massage & Bodywork Employer Registration.
3. A copy of the insurance declarations page detailing proof of general liability insurance in the minimum amount of \$1,000,000.00 per occurrence and professional liability in the minimum amount of \$1,000,000.00.
4. Copies of all massage, bodywork, and somatic therapist certifications issued by the NJ Board of Massage & Body Work Therapy for all employees named in Section 8 of the application and who will be performing massage, bodywork, and/or somatic therapy at the establishment.
5. Copies of driver's licenses, passports, or other government-issued photographic identification for all person(s) named in Section 8 of the application. The copies must be of such quality to permit identification of the person named and photographed in the identification.
6. Three passport-sized (3) front-face portrait photographs for all employees in Section 8 of the application and who will be working at the establishment. The photographs must be taken within thirty (30) days of the date of application and must measure two inches by two inches (2" X 2"). The legal name, date of birth, nickname, and/or alias of the individual in the photograph must be printed legibly on the rear side of each photograph submitted. A photocopy of identification for employees as indicated in number 5 above may be submitted in lieu of photographs.
7. Each employee listed in Section 8 of the application must visit the Township Police Department Detective Bureau located at the address above, between the hours of 8:00 am – 4:00 pm, excluding legal holidays with a current driver's license or other government-issued photo identification to obtain a finger-print form. Each employee must visit the finger-print vendor provided by the Township Police Department for a finger-print check.
8. All applications shall include a scale drawing of the space proposed to be used for massage and bodywork therapy, including a floor plan, building layout and diagram as well as a copy of the certificate of occupancy, as applicable.
9. A written disinfection plan for all linens, towels and reusable instruments used by the establishment must be approved by the Denville Health Department. The Disinfection Plan must be kept on site and be available for review by the inspecting official at all times.
10. A copy of the signed lease for the property location where the massage establishment is located. The licensee/applicant must be listed as the lessee on the lease.

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**APPLICATION FOR  
MESSAGE, BODYWORK, AND SOMATIC THERAPY ESTABLISHMENT LICENSE**

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

**Section 1: Establishment Information**

Application for (check one):  Initial License  Renewal of Existing License

Name & Address of Establishment: \_\_\_\_\_

Mailing Address if Different From Above: \_\_\_\_\_

Establishment Telephone Number: \_\_\_\_\_ Establishment Fax Number: \_\_\_\_\_

Other Establishment Telephone Number: \_\_\_\_\_ Email Address for Establishment:  
\_\_\_\_\_

State of NJ Massage & Bodywork Employer Registration Number: \_\_\_\_\_

**\* A COPY OF THE LICENSE MUST BE PROVIDED WITH APPLICATION**

**Section 2: Type of Ownership**

Type of Ownership (Check One):  Individual  Partnership  Corporation  LLC  LLP

**Section 3: Individual Ownership Information**

If Individual Owner (Sole Proprietorship), (**NOT PARTNERSHIP, CORPORATION, LLC, or LLP**) is checked above, please provide the name(s), home address(es), and home telephone number(s) of the owner(s):

	LEGAL NAME	HOME ADDRESS	TELEPHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**Section 4: Partnership, Corporation, LLC, LLP Information**

If a Partnership, Corporation, LLC, or LLP (**NOT INDIVIDUAL OWNERSHIP**) is checked above, please provide the following:

Legal/Business/Trade Name of Partnership, Corp., LLC, or LLP: \_\_\_\_\_

Physical Address of Partnership, Corp., LLC, or LLP: \_\_\_\_\_

Mailing Address of Partnership, Corp., LLC, or LLP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

If a corporation, please provide the following information for each stockholder holding more than 10% of stock for the corporation, each officer, each director below. If an LLC or LLP, please provide the following information for partners, including limited partners below. If additional space is required, please append an additional sheet with this application.

Name of Individual	Position	Nicknames/Aliases	Current Address
Last Two (2) Previous Addresses		Height & Weight	Hair/Eye Color

Name of Individual	Position	Nicknames/Aliases	Current Address
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**Section 5: Manager's/Person In Charge Information**

In the space below, please provide the name(s), home address(es), and telephone number(s) of the establishment's manager or person who is/will be principally in charge of operations at the establishment:

Name of Individual	Position	Nicknames/Aliases	Current Address
Last Two (2) Previous Addresses		Height & Weight	Hair/Eye Color

Name of Individual	Position	Nicknames/Aliases	Current Address
Last Two (2) Previous Addresses		Height & Weight	Hair/Eye Color

Name of Individual	Position	Nicknames/Aliases	Current Address
Last Two (2) Previous Addresses		Height & Weight	Hair/Eye Color

**Section 6: Establishment History/Experience**

- Has the applicant or any person named in this application including the persons listed in *Section 8: Employees and Notarized Certification* operated as a Massage, Bodywork or Somatic Therapist in any municipality in the State of New Jersey, another US State or Territory?  
 Yes  No
- If "Yes", please indicate where (the municipality along with the state or territory): \_\_\_\_\_
- If "Yes", the establishment operated from \_\_\_\_\_ to \_\_\_\_\_  
 (Month/Year) (Month/Year)
- Has the applicant or any person named in this application including the persons listed in *Section 8: Employees and Notarized Certification* had a license or permit to operate an establishment denied, revoked, or suspended or had their license to work as a massage therapist denied, revoked or suspended?  
 Yes  No
- If you answered "Yes" to question 4, please provide the reason for the denial, revocation, or suspension along with information on the subsequent business activities or occupations of the applicant or any person who had their license or permit to operate an establishment denied, revoked, or suspended in the space below:

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**Section 7: Prior Arrests, Criminal Convictions, Other Offenses**

1. Have any of the persons named in this application, including the persons listed in *Section 8: Employees and Notarized Certification* had any prior arrests, criminal convictions, or offense convictions other than a misdemeanor traffic violation?  
 Yes  No

2. If "Yes", please provide the name of the person(s):  
\_\_\_\_\_

3. If "Yes", you must fully disclose: (1) the jurisdiction in which the arrest and/or conviction occurred and (2) the details on the offense for the arrest or conviction and circumstances thereof in the space below:

**Section 8: Employees & Notarized Certification**

In the space below you must provide the full legal name, date of birth, nick name(s) or alias(es), title/position, current address, and telephone number of **ALL** employees including.

- Owner and co-owners
- Each stockholder holding 10% or more and each officer and each director (if a corporation)
- Each partner and member (if a partnership, LLC, LLP)
- Each Massage, Bodywork, and Somatic Therapist
- Each Manager or Person(s) Principally In Charge of Operations
- Receptionists, Office Helpers, Assistants
- Any Other Employee of the Establishment Whether Paid or Not Paid

If additional space is needed, please photocopy this sheet. If an additional sheet is used, please check here

**PLEASE NOTE:** In accordance with Township ordinance, the licensee must immediately provide the Township Health Department with the information below for any person who will be hired during the licensing year. The information must be provided to the Township Health Department prior to hiring of any such person and the hiring of such person is contingent on the person passing a Township Police Department background check.

	Full Legal Name & Date of Birth (Month, Day, Year)	Nick Name(s) or Alias(e)	Title Position	Current Home Address	Telephone Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I, \_\_\_\_\_, THE APPLICANT, CERTIFY THAT THE ALL PERSONS NAMED ABOVE AS MASSAGE, BODYWORK, AND SOMATIC THERAPISTS HAVE BEEN CERTIFIED BY THE STATE OF NEW JERSEY PURSUANT TO N.J.S.A. 45:11-53, ET SEQ., THE MASSAGE, BODYWORK, AND SOMATIC THERAPIST CERTIFICATION ACT.

Owner's Name (Print): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**

Sworn and Subscribed Before Me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

**Section 9: Previous Addresses**

In the space below you must provide the last two (2) home addresses for person named in *Section 8: Employees & Notarized Certification*. **If additional space is needed, please photocopy this sheet. If an additional sheet is used, please check here**

	Full Legal Name	Last Home Address 1 (Prior to Current Address)	Last Home Address 2 (Prior to Address to Left)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Section 10: Applicant Certification & Signature**

By signing this application, I affirm that I have read, understand, and will abide by all of the provisions of the Revised General Ordinances of the Township of Denville with respect to my establishment license.

Applicant's (Owner's) Printed Name: \_\_\_\_\_ Applicant's (Owner's) Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>
DATE(S) SENT TO POLICE DEPARTMENT: _____ SENT BY: _____
DATE(S) APPLICATION RETURNED TO OWNER: _____ LICENSE NO. _____
APPROVED BY HEALTH OFFICER/DESIGNEE SIGNATURE: _____ DATE: _____

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**APPLICATION INSTRUCTIONS  
APPROVAL OF NEW EMPLOYEES AT A LICENSED  
MASSAGE, BODYWORK, AND SOMATIC THERAPY ESTABLISHMENT**

Before a prospective employee may be employed by the establishment, the employee must first apply for a criminal background check at the Denville Police Department. Please note that the employee may be employed on a probationary basis for no more than thirty (30) days pending review and approval of the background check by the Police Department.

The enclosed application must be completed in its entirety and must be accompanied by the following:

1. Copies of all massage, bodywork, and somatic therapist certifications issued by the NJ Board of Massage & Body Work Therapy for all employees named in Section 2 of the application and who will be performing massage, bodywork, and/or somatic therapy at the establishment.
2. Copies of driver's licenses, passports, or other government-issued photographic identification for all person(s) named in Section 2 of the application. The copies must be of such quality to permit identification of the person named and photographed in the identification.
3. Three passport-sized (3) front-face portrait photographs for each employee named in Section 2 and taken within thirty (30) days of the date of application. Photographs must measure two inches by two inches (2" X 2"). The legal name, date of birth, nickname, and/or alias of the individual in the photograph must be printed legibly on the rear side of each photograph submitted. A photocopy of identification for employees as indicated in number 2 above may be submitted in lieu of photographs.
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Owner's Signature: \_\_\_\_\_

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Date Signed: \_\_\_\_\_

<p><b>FOR OFFICE USE ONLY:</b></p> <p>DATE(S) SENT TO POLICE DEPARTMENT: _____ SENT BY: _____</p> <p>DATE(S) APPLICATION RETURNED TO OWNER: _____ LICENSE NO. _____</p> <p>APPROVED BY HEALTH OFFICER/DESIGNEE SIGNATURE: _____ DATE: _____</p>
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