



The **BOROUGH of HIGHLAND PARK**

**APPLICATION FOR MASSAGE, BODYWORK, AND
SOMATIC THERAPIES LICENSE**

NEW _____ RENEWAL _____

Name of Applicant _____
(Individual name, names of partners, corporate name)

Current Address: _____
No. Street Municipality State Zip Code

Phone No.: _____ e-mail: _____

Date of Birth: _____, Height: _____ Weight: _____ Gender: _____

Hair Color: _____ Eye Color: _____ Social Security No. _____

Driver's License No. _____ Issuing State: _____

Applicant's Previous Two (2) Addresses: _____

Has Applicant previously operated in another municipality or State under a License or Permit? _____

If yes, was the license of permit ever revoked, suspended or denied? _____

COMPANY INFORMATION:

COMPANY NAME: _____

Address: _____
No. Street Municipality State Zip Code

Phone No. _____ Fax No. _____

Manager in Charge of Operation Name: _____

Address: _____
No. Street Municipality State Zip Code

Phone No.: _____ e-mail: _____

ADDITIONAL INFORMATION REQUIRED:

- Attached two (2) front face portrait photographs taken within the last 30 days of the date of the application and at least 2" x 2" of each employee including owner. (Clerk's office)
- Attached to this application **MUST** be a complete list of the names and resident addresses of ALL massage, bodywork and somatic therapists and employees in the business, along with a copy of their drivers license. This list must be kept up to date as new therapists and employees are hired by the business. (Clerk's Office)
- A **COPY** of each massage, bodywork and/or somatic therapists valid New Jersey State certificate and license issued pursuant to the Massage, Bodywork and Somatic Therapist Certification Act, NJSA 45:11-53 et seq. (Code Enforcement)

- Attached to this application MUST be three (3) adult residents of the county who will serve as character references. These references must be persons other than relatives and business associates. (Clerk's Office)
- A copy of a Zoning Permit of change of tenant occupancy issued by the Zoning Officer of the Borough of Highland Park (Zoning Officer)
- List of all criminal convictions other than misdemeanor traffic violation, fully disclosing the jurisdiction in which convicted and the offense for which convicted and circumstances thereof
If yes, please state the reason on a separate sheet of paper (page 3) (Clerk's Office)

DISPLAY OF LICENSE

The massage, bodywork or somatic therapy establishment shall display its valid permit and that of each and every massage, bodywork or somatic therapy establishment in an open and conspicuous place on the premises of the establishment.

It is hereby certified that the business conducted or to be conducted complies with all existing laws and ordinances of both the State of New Jersey and the Borough of Highland Park and all agencies and boards thereof.

The applicant's signature certifies that all statements made on this application are true and accurate to the best of his/her knowledge and understands that withholding information or making false statements will be basis for immediate rejection of this application. The applicant further authorizes the Highland Park Police to conduct investigation into the applicant's prior activities (including but not limited to Motor Vehicle Records, Criminal History Records, and Court Documents) to confirm the accuracy of the applicant's answers and determine his/her responsibility, moral character. **(Police Department)**

Signed: _____
 Name _____
 Title _____

Notary Public of New Jersey
 Sworn and Subscribed before me
 this _____ day of _____, 201__

Amount of Fee Enclosed: \$500.00 **(Checks Only Please)**
 MAKE CHECK PAYABLE TO: The Borough of Highland Park
 And MAIL TO: 221 South 5th Avenue
 Highland Park, NJ 08904

.....**FOR OFFICE USE ONLY**.....

Code Enforcement : _____
 Construction Official Date

Zoning Approval: _____
 Zoning Officer Date

I recommend that the license be granted/denied: _____
 Chief of Police Date

License No. _____ Issue Date: _____

PAID Date: _____ Amt: _____ Check No. _____

APPLICANT INSTRUCTIONS

Go to: <https://uenroll.identogo.com/>

Enter Service Code: **2F17ZY**

Highland Park ORI: **NJ0120700**

Case#: (please call contact below for #)

Schedule an appointment for Fingerprinting

If you need any assistance please call the following contact:

Barbara Fromhold 732-572-3800 ext: 4220