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

Please be advised AN ORDINANCE AMENDING CHAPTER 138 (MASSAGE AND BODYWORK THERAPY) OF THE MUNICIPAL CODE OF THE TOWNSHIP OF BRIDGEWATER TO CLARIFY CERTAIN PROVISIONS THEREOF was adopted on December 3, 2025, and took effect on December 23, 2025. This will change the application process from our previous process.

PLEASE , note that this will change the application process from our previous process.

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 it to the Bridgewater Township Health Division with the associated registration fee and required documents by January 31, 2026.

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**.

THE TOWNSHIP OF BRIDGEWATER

100 COMMONS WAY/BRIDGEWATER NJ 08807
908/725-6300/ FAX 908/707-1235
TDD 908/725-6300/ 908/722-4111

MASSAGE AND BODYWORK THERAPY ESTABLISHMENT PERMIT APPLICATION

INSTRUCTIONS: This form is to be used by any person, firm, corporation, organization or other entity applying for a massage and bodywork therapy establishment permit pursuant to Chapter 138, Section 1-13 of the Revised Massage Ordinance of the Township of Bridgewater. This completed form must be submitted to the Bridgewater Township Health Division **only with a check** made payable to "**Township of Bridgewater.**" The application shall be reviewed and issued by the Bridgewater Township Health Division. The application will also be reviewed by the Township Construction Code Office, Fire Department, Police Department, and Zoning Officer, which departments may inspect the premises, and provide written recommendations as to the approval or rejection of the permit application.

_____**Initial Application $5000**
_____**Annual Renew $500**
_____**Late Fee $100 Per Month**

Fee Non-Refundable Payable to 'Bridgewater Township'

I. ESTABLISHMENT INFORMATION

Trade Name of Establishment

1. Name(s) of Applicant/Owner: _____

   Attach two (2) front-faced portrait photographs for each individual listed.

2. Name under which the Establishment will be conducted: _____

   Attach a copy of the floor plan of the establishment.

3. Street Address of Establishment: _____

   Block _____ Lot _____

4. Telephone Number of Establishment: _____ After hours phone number_____

   Email_____

   Fax # if applicable_____

5. Type of Ownership of Establishment (i.e. individual, partnership, corporation, etc.): _____

6. Name and Contact Information for all parties with an interest of 10% or greater in the business (If Corporation, each stockholder holding 10% or greater interest, officer and director; if Partnership, each partner, including limited partners; and if a limited liability company, each managing member.)

Name: Address: Contact Number:

a_____

b_____

c_____

d_____

Funding sources for all parties listed in 6 above. (Attach)

7. **Attach a copy of the NJ State Massage Therapy Business License, if applicable.**
8. Personal Information of the Applicants/Owners:

Name: Residential Address: Residential Telephone Number: Dates of residency

a_____

b_____

c_____

d_____

Height: Weight: Sex: Hair Color: Eye Color:

a_____

b_____

c_____

d_____

If more space is needed, **attach** a list of all residential addresses for the past **ten** years with points of contact for each address.

9. All business and employment experience over the last 10 years with points of contact. (including information regarding any prior applications for permits/licenses for a massage therapy establishment):

Business Name: Address: Contact Name: Contact Number:

a_____

b_____

c_____

d_____

If more space is needed, **attach** a list of all business addresses for the past ten years with points of contact for each address.

10. Applicant must provide fingerprinting and background check as part of the application (See Details Provided).

11. Has any individual(s) identified in Section 8 above been convicted of an indictable offense pursuant to N.J.S.A. 2C:52-2?

YES NO

If yes, identify and describe the circumstances of such offense: _____

_____

12. Name(s) and Address(es) of all Massage and Bodywork Therapists and all other employees of the Establishment:
Note: The addition or deletion of Massage and Bodywork Therapists and all other employees of the Establishment must be updated immediately with this department upon changes.

Name: Title: Address:

a_____

b_____

c_____

d_____

(Attach a copy of each Therapists' Certificate and/or License issued by the State of New Jersey)

13. Name(s) and Address(es) of all other employees of the Establishment:

Name: Title: Address:

a_____

b_____

c_____

d_____

14. **AFFIDAVIT**

STATE OF NEW JERSEY COUNTY OF SOMERSET

_____, first being duly sworn, deposes and says that he/she is at least 18 years of age, has read the foregoing application by him/her subscribed and that he/she knows the contents thereof, and that the same is true of his/her own knowledge and belief. Any false or misleading information in, or in connection with this application may be cause for denial or loss of license. The applicant will agree to present an original, valid driver's license/State Identification Card for review at the time of application. (Check all that apply)

Initial Application Renewal Application

Required Documentation at Time of Application

-Current Driver's License/ State Identification Card (File Copy to be Secured at Time of Application)

-Initial/ Annual Fee- nonrefundable Payable to 'Bridgewater Township'

Applicant's Name: _____ Signature: _____

Subscribed and sworn to before me this

_____ Day of _____, 20_____

_____

Notary's Signature

For Official Use Only:

Block _____Lot _____Street Address _____Date Application Received _____

Amount Received: Fee Received by _____ Check # _____Date Fee Received _____

Complete Application	Yes	No	_____ Authorized Signature	_____ Date
Police Department	Yes	No	_____ Authorized Signature	_____ Date
Construction Department	Yes	No	_____ Authorized Signature	_____ Date
Fire Department	Yes	No	_____ Authorized Signature	_____ Date
Zoning Office	Yes	No	_____ Authorized Signature	_____ Date

Comments:

_____

_____

_____

_____

_____

Health Division:

Final Approval for Permit Issued _____ Permit Denied _____ Date _____

Authorized Signature _____

Comments:

_____

_____

FOR INTERNAL USE ONLY

CHECKLIST FOR COMPLETE APPLICATION

Establishment Name _____

Establishment Address _____

ITEM	DATE REC'D	INITIAL
Completed Application Form	_____	_____
Fees Received (Check #_____)	_____	_____
Two (2) front-faced portrait photographs for each individual listed	_____	_____
Floor Plans	_____	_____
Funding Sources, if applicable	_____	_____
NJ State Massage Therapy Business License	_____	_____
Copies of all Massage Therapist Licenses	_____	_____
Evidence of Police Department Approval	_____	_____

Upon Completion of Above, proceed to the next and final step below.

	DATE	INITIAL
Completed Application has been distributed to Construction, Fire, Zoning.	_____	_____
