

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 Department with the associated registration fee and required documents. **These forms must be returned to the Bridgewater Township Health Department in person no later than January 31. If you bring in documents for us to examine, you must call for an appointment.**

For additional information regarding the registration and license application process and/or requirements, please contact the Bridgewater Township Health Department at 908-725-6300 Ext. 5201.

BRIDGEWATER TOWNSHIP HEALTH DEPARTMENT
100 COMMONS WAY
BRIDGEWATER, NJ 08807
908-725-6300 EXT. 5210

MESSAGE 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 application \$150
 Annual renewal \$100

Please visit our website at www.bridgewaternj.gov to review the Massage Establishment Ordinance

I. ESTABLISHMENT INFORMATION

Trade Name of Establishment _____

Name of Applicant _____

Complete Mailing Address of Proposed Location _____

Business Telephone _____ Cell/Home Telephone _____

E-mail address _____

Website address _____

List services to be provided: _____

Number of persons to be employed as massage therapists _____

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:

1.) _____
Business Name and Complete Address

Reason for closing/ moving business _____

2.) _____
Business Name and Complete 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.)

II. FORM OF BUSINESS

___ Single Proprietorship ___ Partnership ___ Corporation ___ Association ___ Club

Federal Identification Number _____

Corporation: Date Incorporated _____ Where Incorporated _____

Name of Corporation, Association or Club _____

Complete this next section in its entirety only if your form of business is a CORPORATION

President:

Name (Maiden) Res. Address City Zip

Home Phone Business Phone Drivers License Number

Vice President:

Name (Maiden) Res. Address City Zip

Home Phone Business Phone Drivers License Number

Secretary:

Name (Maiden) Res. Address City Zip

Home Phone Business Phone Drivers License Number

Treasurer:

Name (Maiden) Res. Address City Zip

Home Phone Business Phone Drivers License Number

**Complete this next section in its entirety only if your form of business is a PARTNERSHIP
(Attach additional forms as necessary)**

Partner:

Name (Maiden) Res. Address City Zip

Home Phone Business Phone Drivers License Number

III. APPLICANT INFORMATION

Applicant First Name - Middle Name - Last Name (Maiden Name) Place & Date of Birth

Current Residential Address City State Zip Code

Mailing Address (if different from above)

EEIN or SSI Number E-mail Address

Telephone Number Driver's License Number

Length of time at current address Length of time residing in the State of New Jersey

PREVIOUS ADDRESSES FOR THE LAST 10 YEARS (Attach additional pages as necessary)

Address

Length of time at this address

Address

Length of time at this address

Address

Length of time at this address

Will you be working as a Massage Therapist or Instructor at this establishment? ____ Yes ____ No

IV. LIST PREVIOUS PLACES OF EMPLOYMENT FOR LAST 10 YEARS (Applicant)

(Attach additional pages as necessary)

1.) _____
Business Name and Complete Address

Business Phone Number _____ Dates of Employment _____

Describe your position and work performed _____

2.) _____
Business Name and Complete Address

Business Phone Number _____ Dates of Employment _____

Describe your position and work performed _____

V. 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- non refundable
Payable to 'Bridgewater Township'

Applicant's Signature and Title

Subscribed and sworn to before me this

_____ Day of _____, 20_____.

Notary's Signature

FOR OFFICE USE ONLY

POLICE DEPARTMENT: YES NO

Signature

Date

Notes:

BUILDING DEPARTMENT: YES NO

Signature

Date

Notes:

BUREAU OF FIRE SAFETY: YES NO

Signature

Date

Notes:

ZONING OFFICER: YES NO

Signature

Date

Notes:

HEALTH DEPARTMENT: YES NO

Signature

Date

Notes:

