



**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 (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.



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

