

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.

BRIDGEWATER TOWNSHIP HEALTH DIVISION 100 COMMONS WAY BRIDGEWATER, NJ 08807 908-725-6300

MASSAGE 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**.

| Original Driver's License or State Identification Card to be Presented for Review in Person Fee- Non Refundable- Payable to 'Bridgewater Township' Initial application \$150 Annual renewal \$100 |
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| Please visit our website at <u>www.bridgewaternj.gov</u> 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 |

| President: Name Home Phone Vice President Name Home Phone Secretary: | Busi :: (Maiden) | Res. Address Res. Address ness Phone Res. Address | City City Drivers Licen City City City | Zip |
|--|------------------------------|--|---|------------------|
| Name Home Phone Vice President Name Home Phone | Busi :: (Maiden) | ness Phone Res. Address | Drivers Licen City | se Number Zip |
| Name Home Phone Vice President Name | Busi :: (Maiden) | ness Phone Res. Address | Drivers Licen City | se Number Zip |
| Name Home Phone Vice President | Busi :: | ness Phone | Drivers Licen | se Number |
| Name Home Phone | Busi | | | |
| Name | | | | |
| | (Maiden) | Res. Address | City | Zip |
| President: | | | | |
| Complete this | next section in its entirety | y only if your form of business i | s a CORPORATION | |
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| _ | - | Where Incorpo | | |
| | | | | |
| | - | rship Corporation | | |
| | JSINESS | | | |
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| | | | | |
| attach addition | al sheet if necessary.) | | | · |
| | | nstances surrounding the license | | |
| | nad vour massage establish | ment license revoked or suspend | ed? Yes No | |
| Have you ever l | | | | |
| | ing/ moving business | | | |

| Treasurer: | | | | |
|------------------|---|------------------------------------|----------------------|------------------|
| Name | (Maiden) | Res. Address | City | Zip |
| Home Phone | Bus | Driver | s License Number | |
| | next section in its entiret onal forms as necessary) | ty only if your form of busine | ss is a PARTNERS | <u>HIP</u> |
| Partner: | | | | |
| Name | (Maiden) | Res. Address | City | Zip |
| Home Phone | Bus | siness Phone | Driver | s License Number |
| III. APPLICANT | INFORMATION | | | |
| | | | <u>-</u> | |
| Applicant | First Name – Middle Name | - Last Name (Maiden Name) | Place 8 | & Date of Birth |
| Current Resider | ntial Address | City | State | Zip Code |
| Mailing Address | s (if different from above) | | | |
| EEIN or SSI Nur | mber | E-mail Address _ | | |
| Telephone Num | ıber | Driver's License | Number | |
| Length of time a | at current address | Length of time residing | g in the State of Ne | w Jersey |
| PREVIOUS ADI | ORESSES FOR THE LAST 1 | .0 YEARS (Attach additional p | oages as necessar | y) |
| Address | | | | |
| | | | | |
| | | | | |
| Address | | | | |
| Length of time a | at this address | | | |
| Address | | | | |
| Length of time a | at this address | | | |
| | | | | |
| Will you be wor | king as a Massage Therapi | st or Instructor at this establish | nment? Yes | No |

| (Attach additional pages as necessary) | FOR LAST 10 YEARS (Applicant) |
|--|---|
| 1) | |
| Business Name and Complete Address | |
| Business Phone Number | Dates of Employment |
| Describe your position and work performed | |
| | |
| | |
| Business Phone Number | Dates of Employment |
| Describe your position and work performed | |
| | |
| V. AFFIDAVIT | |
| STATE OF NEW JERSEY COUNTY OF SOMERSET | |
| of age, has read the foregoing application by him that the same is true of his/her own knowledge | eing duly sworn, deposes and says that he/she is at least 18 years n/her subscribed and that he/she knows the contents thereof, and and belief. Any false or misleading information in, or in connection loss of license. The applicant will agree to present an original, valid riew at the time of application. |
| (0 | 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 DIVISION: YES | NO | | | |
| Notes: | | | Signature | Date |
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