



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.**

If Yes, **please attach a copy of the NJ Board of Massage and Bodywork Therapy License**

Valid/ Expiration Date: _____ License # _____

Please attach a copy of the NJ Board of Massage and Bodywork EMPLOYER License

Valid/ Expiration Date: _____ License # _____

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:

Date of close of Business: _____

Business Name and 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.) _____

Please attach a copy of the NJ Board of Massage and Bodywork Therapy License for each individual

Number of persons to be employed as massage therapists at this establishment: _____

List name, date of birth, and therapist license # for each massage therapist who will provide massage services for this establishment, including the owner if applicable:

Name: _____ Date of birth: _____

Valid/ Expiration Date: _____ License # _____

Name: _____ Date of birth: _____

Valid/ Expiration Date: _____ License # _____

Name: _____ Date of birth: _____

Valid/ Expiration Date: _____ License # _____

Name: _____ Date of birth: _____

Valid/ Expiration Date: _____ License # _____

Section 3: LIST PREVIOUS PLACES OF EMPLOYMENT FOR LAST 10 YEARS (Applicant- Business Owner Info)

(Attach additional pages as necessary)

Business Name and Address: _____

Business Phone Number: _____ Dates of Employment: _____

Describe your position and work performed: _____

Business Name and Address: _____

Business Phone Number: _____ Dates of Employment: _____

Describe your position and work performed: _____

Section 4: PROVIDE COPIES OF ALL APPROVALS/CERTIFICATES FROM THE FOLLOWING OFFICIALS

- Building Department Date of inspection(s): _____
- Zoning Department Date of inspection(s): _____
- Bureau of Fire Safety Date of inspection(s): _____

Notes: _____

Section 4: 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.

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 Name: _____

Signature: _____

Subscribed and sworn to before me this

____ Day of _____, 20____.

Notary's Signature

