



MASSAGE AND BODYWORK THERAPY ESTABLISHMENT
PERMIT APPLICATION

Annual Application Fees: (Indicate Number of Tables/Chairs/Shower Fixture/Rooms)

1. **\$250.00 per massage table** _____
2. **\$100.00 per massage chair** _____
3. **\$500.00 per shower fixture or room, whichever is greater in number.** _____

1. Name of applicant/owner: _____
2. Name under which the establishment will be conducted: _____
3. Type of ownership of establishment (i.e. individual, partnership, corporation, etc.) _____
4. Street address of establishment: _____
5. Telephone Number: _____
6. Email: _____
7. Personal Information of the applicant/owner: (If Corporation, each stockholder, officer and director; if partnership, each partner, including limited partners; if a limited liability company, each manager or other person in charge of day to day operations.)

Name: _____

Residential Address: _____

Residential Phone Number: _____

Two (2) addresses immediately prior to the current address for each individual:

1. _____
2. _____

Weight: _____ Height: _____ Age/Date of Birth: _____

Sex: _____ Hair Color: _____ Eye Color: _____

Attach two (2) front faced portrait photographs of the individuals taken within thirty (30) days of the date of the application, and at least two (2") inches by two (2") inches in size.

Name: _____

Residential Address: _____

Residential Phone Number: _____

Two (2) addresses immediately prior to the current address for each individual:

1. _____

2. _____

Age: _____ Height: _____ Weight: _____

Sex: _____ Hair Color: _____ Eye Color: _____

Attach two (2) front faced portrait photographs of the individuals taken within thirty (30) days of the date of the application, and at least two (2") inches by two (2") inches in size.

8. History/prior experience of establishment (including information regarding any prior applications for license or permits, if license denied, revoked or suspended and reason for.)

9. Names and addresses of three (3) adult residents of the State of New Jersey as character references for the applicant/owner.

1. _____

2. _____

3. _____

Please submit floor plans for the proposed facility.

I am authorized to complete and submit this application. I have reviewed the application and ordinance. For a copy of this ordinance please visit www.dunellen-nj.gov. To the best of my knowledge this application is true, correct and complete. If any of the information changes on this application, the applicant must inform the Dunellen Clerk's Office of those changes in writing.

Printed Name of Applicant/Owner

Signature of Applicant/Owner

Date

BOROUGH OF DUNELLEN
MASSAGE AND BODY WORK EMPLOYEE (NON THERAPIST)
REGISTRATION FORM

Name: _____

Address (Home): _____

Phone #: _____

Establishment Name and Address: _____

Establishment Phone #: _____

Job Title: _____

***If there are changes to this information, it shall be the responsibility of the therapist to notify the
Borough in writing***

BOROUGH OF DUNELLEN
MASSAGE AND BODY WORK THERAPIST
REGISTRATION FORM

Name: _____

Address (Home): _____

Phone #: _____

Establishment Name and Address: _____

Establishment Phone #: _____

Title: _____

State License Type: _____

State License Expires: _____

The following items must accompany this registration for it to be deemed complete:

1. **A copy of the Therapists Certificate and/or License issue by the State of New Jersey pursuant to N.J.S.A. 45:11-53 et seq. and N.J.A.C. 13:37-16.1 et seq. must be attached to this registration form.**
2. **Two (2) front faced portrait photographs of the individual taken within thirty (30) days of the date of the application, and at least two (2") inches by two (2") inches in size.**

**If there are changes to this information, it shall be the responsibility of the therapist to notify the
Borough in writing**