



APPLICATION FOR MASSAGE, BODYWORK
AND SOMATIC THERAPY ESTABLISHMENTS

Township of Plainsboro
Municipal Clerks Office
641 Plainsboro Road
Plainsboro, NJ 08536
609-799-0909

APPLICATION DATE: _____

License # _____
(Clerk to assign)

LOCATION: _____ BLOCK _____ LOT _____

1. The name, style, and designation under which the business is to be conducted:

2. Business Address: _____

Telephone Numbers _____ Fax Number _____

E-mail Address: _____

3. State whether ownership of business is by an individual, a partnership, a corporation, or otherwise.
If corporation, name and address of registered agent:

4. Name and residence address of the manager or other person principally in charge of the operation of the business, and the names and residence addresses of all massage, bodywork and somatic therapists and employees of the business (attach additional sheet if necessary):

Name: _____ Title _____

Home Address: _____

Name: _____ Title _____

Home Address: _____

Name: _____ Title _____

Home Address: _____

Name: _____ Title _____

Home Address: _____

Name: _____ Title _____

Home Address: _____

Name: _____ Title _____

Home Address: _____

5. A sworn statement indicating that all massage, bodywork and somatic therapists employed or to be employed by the establishment or otherwise permitted to work at the establishment have been licensed by the State of New Jersey pursuant to the Massage and Bodywork Therapist Licensing Act, P.L. 1999 amended 2007, c. 337. (Please attach to Application)

6. The following personal information concerning the applicant, if an individual; concerning each stockholder holding more than ten (10%) percent of the stock of the corporation, each officer and each director, if the applicant is a corporation; concerning the partners, including limited partners, if the applicant is a partnership; and concerning the manager or other person principally in charge of the operation of the business shall be provided:

Name: _____ Telephone # _____

Home Address: _____

Two Previous home addresses (immediately prior to present address):

Height _____ Weight _____ Sex _____ Color of Hair _____ Color of Eyes _____

Name: _____ Telephone # _____

Home Address: _____

Two Previous home addresses (immediately prior to present address):

Height _____ Weight _____ Sex _____ Color of Hair _____ Color of Eyes _____

Name: _____ Telephone # _____

Home Address: _____

Two Previous home addresses (immediately prior to present address):

Height _____ Weight _____ Sex _____ Color of Hair _____ Color of Eyes _____

7. Please set forth any massage therapy or similar business history and experience, to include, but not limited to, whether or not such person has previously operated in this or another municipality or state under a license or permit or has had such license or permit denied, revoked or suspended and the reason therefor and the business activities or occupations subsequent to such action or denial, suspension or revocation.

(attach additional pages if necessary).

8. All criminal convictions other than misdemeanor traffic violations, fully disclosing the jurisdiction in which convicted and the offense for which convicted and circumstances thereof.

9. The names and addresses of three (3) adult residents of the County who will serve as character references (not business associates or relatives).

10. You must comply with all requirements of Section 16-01 of the Township Code of Plainsboro (copy attached).

We/I hereby authorize the Township of Plainsboro, its agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and the qualifications of the applicant for a Massage, Bodyworks, Somatic Therapy Establishment license. We hereby certify, under penalty of perjury, that the foregoing information contained in this application is true and correct and so swear before a Notary Public or Attorney at Law of the State of New Jersey.

Sworn to and Subscribed
before me this ____ day
of _____, 20____

(Applicant's Signature)

(Notary Signature)

Sworn to and Subscribed
before me this ____ day
of _____, 20____

(Applicant's Signature)

(Notary Signature)

Sworn to and Subscribed
before me this ____ day
of _____, 20____

(Applicant's Signature)

(Notary Signature)

TOWNSHIP USE ONLY

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Name of Business

Planning/Zoning Approved _____ Not Approved _____ _____
Signature Date

Police Division Approved _____ Not Approved _____ _____
Signature Date

Division of Code Enforcement Approved _____ Not Approved _____ _____
Signature Date

Emergency Services Approved _____ Not Approved _____ _____
Signature Date

Health Approved _____ Not Approved _____ _____
Signature Date

Township Clerk Approved _____ Not Approved _____ _____
Signature Date

License Number: _____ Date of Issuance: _____