BOROUGH OF SAYREVILLE
167 MAIN STREET
SAYREVILLE, NJ 08872
732-390-7020

APPLICATION FOR MASSAGE, BODYWORK AND SOMATIC THERAPY

REVISED GENERAL ORDINANCE 8-22

FEES: NEW LICENSE $500.00
RENEWAL $500.00

Submitted: ❑ Proof of Certification

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

_____

BUSINESS PHONE #_____ **Email:** _____

TYPE OF BUSINESS:
❑SOLE PROPRIETORSHIP **❑PARTNERSHIP** **❑CORPORATION**
❑OTHER EXPLAIN: _____

APPLICANT (Individual, Corporation, Partner)
Each individual, member of corporation and partnership must complete applicable form and attach

List names of all members of the partnership or corporation:

_____

_____

_____

TWO PREVIOUS BUSINESS ADDRESSES IF APPLICABLE:

1. _____

_____

2. _____

_____

Over Please

Have you ever operated this type of business (previously or presently) in another municipality or state? _____ If so give details:_____

_____

_____

Have you ever had such license or permit denied, revoked, or suspended? _____

If so give details: _____

_____

_____

References (Three):

1. _____
   _____
   _____
2. _____
   _____
   _____
3. _____
   _____
   _____

_____ _____

Signature **Date**

CERTIFICATION AND WARNING

"By signing below, I certify under penalty of law that all statements and information provided in this application are true, accurate, and complete. I understand that knowingly making a false statement on this form is a criminal offense under N.J.S.A. 2C:28-3 and 2C:28-7, which may result in the immediate denial or revocation of this license, heavy fines, and imprisonment."

Applicant Signature: _____ Date: _____

Printed Name: _____

BOROUGH OF SAYREVILLE
167 MAIN STREET
SAYREVILLE, NJ 08872
732-390-7020

APPLICATION FOR EMPLOYEES OF MASSAGE, BODYWORK & SOMATIC THERAPY

FEES: EMPLOYEE $50.00

Submitted: ❑ Proof of Certification
❑ Proof of Age
❑ Photos

APPLICANT

NAME: _____

ADDRESS: _____

_____

HOME TELEPHONE # _____

CELL PHONE # _____

TWO PREVIOUS ADDRESSES:

1. _____

_____

2. _____

_____

PROOF OF AGE: (Must produce & provide copy of one of the following items)
❑ Birth Certificate ❑ Driver's License ❑ County ID ❑ Passport

DOB: _____ **SOCIAL SECURITY #** _____

HEIGHT: _____ **WEIGHT:** _____ **SEX:** _____

HAIR COLOR: _____ **EYE COLOR:**_____

DL # _____ **STATE ISSUED** _____

Over Please

Have you ever been employed in this type of business in another municipality or state?_____
If so give details: _____

_____

Have you ever had such application for license or permit denied, revoked, or suspended? _____
If so give details: _____

_____

_____

Have you ever been convicted of any crime other than misdemeanor traffic violations? _____
If so the jurisdiction in which convicted and the offense and the circumstances: _____

_____

_____

_____

References (Three):

1. _____
   _____
   _____
2. _____
   _____
   _____
3. _____
   _____
   _____

_____ _____
Signature **Date**

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Applicant Signature: _____ Date: _____
(employee)

Printed Name: _____

BOROUGH OF SAYREVILLE
167 MAIN STREET
SAYREVILLE, NJ 08872
732-390-7020

INFORMATION FORM FOR MASSAGE, BODYWORK & SOMATIC THERAPY LICENSE

❑Individual
❑Member of Corporation
❑Partner

Submitted: ❑ Proof of Certification
❑ Proof of Age
❑ Photos

APPLICANT

NAME: _____

ADDRESS: _____

_____

HOME TELEPHONE # _____

CELL PHONE # _____

TWO PREVIOUS ADDRESSES:

1. _____

   _____

2. _____

   _____

PROOF OF AGE: (Must produce & provide copy of one of the following items)
❑ Birth Certificate ❑ Driver's License ❑ County ID ❑ Passport

DOB: _____ **SOCIAL SECURITY #** _____

HEIGHT: _____ **WEIGHT:** _____ **SEX:** _____

HAIR COLOR: _____ **EYE COLOR:**_____

DL # _____ **STATE ISSUED** _____

Over Please

Have you ever been employed in this type of business in another municipality or state?_____

If so give details: _____

_____

Have you ever had such application for license or permit denied, revoked, or suspended? _____

If so give details: _____

_____

_____

Have you ever been convicted of any crime other than misdemeanor traffic violations? _____
If so the jurisdiction in which convicted and the offense and the circumstances: _____

_____

_____

_____

References (Three):

1. **_____**
   _____
   _____
2. **_____**
   _____
   _____
3. **_____**
   _____
   _____

_____ _____

Signature Date

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