



## MAPLEWOOD HEALTH DEPARTMENT APPLICATION FOR A 2022 MASSAGE BUSINESS LICENSE

*The undersigned hereby applies for a license to operate a massage business in the Township of Maplewood.  
I/We agree to abide by the regulations and ordinances of the Township and the State of New Jersey*

**Name of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_

**President/Manager (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Building Owner (if different):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact (Name & phone):** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Annual Fee:** \$100    **Make Check Payable to:** Township of Maplewood

**Mail to:** Maplewood Health Department, 574 Valley Street, Maplewood, NJ 07040

**Is this a renewal? Yes** \_\_\_ **No** \_\_\_ **If no, please include copies of your:**

- State of NJ Business Registration Certificate
- Massage therapist license from the NJDCA Board of Massage & Bodywork Therapy
- Massage employer license from the NJDCA Board of Massage & Bodywork Therapy (*if applicable*)
- Please also **submit three passport size photos** taken within the last 30 days from the date of application.

**Per Maplewood Township Ordinance 166-5, all new Massage Practitioners must also submit to a fingerprint and criminal background check provided by the Maplewood Police Department. Call 973-762-3600.**

### For Office Use Only

Paid  CASH  CHECK # \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ TOS # \_\_\_\_\_

License # \_\_\_\_\_ Issued: \_\_\_\_\_ Date of last inspection: \_\_\_\_\_

SATISFACTORY     CONDITIONAL     UNSATISFACTORY