

Township of Cedar Grove

Department of Health
525 Pompton Avenue, Cedar Grove, NJ 07009
(973)239-1410 ex 224, Fax (973)239-1489
email: HealthDept @CedarGroveNJ.org

Massage, Bodywork and Therapy Business Application

Name of Business: _____

Business Address: _____

Website Address: _____

Business type/style (specify): _____

Business Phone Number: _____ Business email : _____

Emergency Contact: _____ Emergency # _____

Ownership: Individual Partnership Corporation Limited Liability Corp

Other: _____ (specify)

Owner's Name(s) (attach list for additional partners):

◆ _____ (_____)
Last name First name Middle Initial Maiden Name

Address _____

Phone Number _____ Emergency Number _____

◆ _____ (_____)
Last name First name Middle Initial Maiden Name

Address _____

Phone Number _____ Emergency Number _____

1. Personal information – Provide a complete list of all names and job title of all partners in business, all massage practitioners and all employees on a separate sheet.
(CGH-M2 Management / Employee List)

2. Also to be included for each and all Owners, Massage practitioners and Employees
(CGH-M3 Fact Sheet)

- Name, address and phone numbers
- 2 previous addresses
- Height, weight, color of hair and eyes, sex
- Massage business history and experience, license information & status
- Names & addresses of three (3) adult Essex County residents who will serve as character references. (Not to include relatives and/or business associates)
- Authorization for release of information

3. All Owners, Massage practitioners & Employees must provide the following as additional attachments:
 - Written statement from NJ licensed physician that applicant has been examined, and is free of all communicable diseases. (attachments)
 - Copy of Photo ID
 - 2 front face portrait photos taken within 30 days of application (2"x 2")
4. Copies of Certifications from the Massage, Bodywork, and Somatic Therapy Examining Committee from each massage practitioner employed. (attachments)
5. Each owner & employee must obtain an application from the Health Department to arrange for fingerprinting and background check. (Form No. NJAPS2, Version 4.0)

I, _____, Owner or the above mentioned Massage, Body Work & Therapy Business do hereby declare, under penalty of perjury, that all the Massage practitioners listed in this application have Certifications from the Massage, Bodywork, and Somatic Therapy Committee, as set forth in NJ administrative Code 13:37-16 et.seq, and that the foregoing information contained and attached to this application is true and correct.

Applicant signature

Date

Witnessed by: _____

(Township of Cedar Grove)

Massage, Bodywork and Therapy Business Application

Annual Fee Schedule – fiscal year, January 1 through December 31

One(1) Massage practitioner	\$250.00
Each additional massage practitioner	\$100.00
Finger print and Criminal Background check	to be determined by CGPD

***NOTE: If at any time after the initial permit is granted, additional massage practitioners begin providing services at the massage establishment, all of the information required herein must be submitted to the health Department within ten (10) days and the additional fee paid.**

Fees Paid: Date _____ Check # _____ Amount \$ _____

All fees are non-refundable.