



BOROUGH of BELLMAWR

21 E. Browning Rd
PO Box 368
Bellmawr NJ 08099-0368
Phone: 856-933-1313

APPLICATION INSTRUCTIONS MASSAGE, BODYWORK, AND SOMATIC THERAPY ESTABLISHMENT LICENSE

The enclosed application must be completed in its entirety and must be accompanied by the following:

1. The license fee in the amount of \$200 made payable by check or money order to the "Borough of Bellmawr".
2. A copy of a current State of NJ Massage & Bodywork Employer Registration.
3. A copy of the insurance declarations page detailing proof of general liability insurance in the minimum amount of \$1,000,000.00 per occurrence and professional liability in the minimum amount of \$1,000,000.00.
4. Copies of all massage, bodywork, and somatic therapist certifications issued by the NJ Board of Massage & Body Work Therapy for all employees named in Section 8 of the application and who will be performing massage, bodywork, and/or somatic therapy at the establishment.
5. Copies of driver's licenses, passports, or other government-issued photographic identification for all person(s) named in Section 8 of the application. The copies must be of such quality to permit identification of the person named and photographed in the identification.
6. Three passport-sized (3) front-face portrait photographs for all employees in Section 8 of the application and who will be working at the establishment. The photographs must be taken within thirty (30) days of the date of application and must measure two inches by two inches (2" X 2"). The legal name, date of birth, nickname, and/or alias of the individual in the photograph must be printed legibly on the rear side of each photograph submitted. A photocopy of identification for employees as indicated in number 5 above may be submitted in lieu of photographs.
7. Each person listed in Section 8 of the application must submit to fingerprint identification using Identogo.
8. All applications shall include a scale drawing of the space proposed to be used for massage and bodywork therapy, including a floor plan, building layout and diagram as well as a copy of the certificate of occupancy, as applicable.
9. A copy of the signed lease for the property location where the massage establishment is located. The licensee/applicant must be listed as the lessee on the lease.

BOROUGH of BELLMAWR
21 E. Browning Rd Bellmawr NJ 08031
Phone: 856-933-1313

**APPLICATION FOR
MASSAGE, BODYWORK, AND SOMATIC THERAPY ESTABLISHMENT LICENSE**

Date of Application: _____

Section 1: Establishment Information

Application for (check one): Initial License Renewal of Existing License

Name & Address of Establishment: _____

Mailing Address if Different From Above: _____

Establishment Telephone Number: _____ Establishment Fax Number: _____

Other Establishment Telephone Number: _____ Email Address for Establishment _____

State of NJ Massage & Bodywork Employer Registration Number: _____
*** A COPY OF THE LICENSE MUST BE PROVIDED WITH APPLICATION**

Section 2: Type of Ownership

Type of Ownership (Check One): Individual Partnership Corporation LLC LLP

Section 3: Individual Ownership Information

If Individual Owner (Sole Proprietorship), (**NOT PARTNERSHIP, CORPORATION, LLC, or LLP**) is checked above, please provide the name(s), home address(es), and home telephone number(s) of the owner(s):

| 1. | LEGAL NAME | HOME ADDRESS | TELEPHONE NUMBER |
|----|------------|--------------|------------------|
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Section 4: Partnership, Corporation, LLC, LLP Information

If a Partnership, Corporation, LLC, or LLP (NOT INDIVIDUAL OWNERSHIP) is checked above, please provide the following:

Legal/Business/Trade Name of Partnership, Corp., LLC, or LLP: _____

Physical Address of Partnership, Corp., LLC, or LLP: _____

Mailing Address of Partnership, Corp., LLC, or LLP: _____

Telephone Number: _____ Other Telephone Number: _____

Fax Number: _____ Email Address: _____

If a corporation, please provide the following information for each stockholder holding more than 10% of stock for the corporation, each officer, each director below. If an LLC or LLP, please provide the following information for partners, including limited partners below. If additional space is required, please append an additional sheet with this application.

| | | | |
|---------------------------------|----------|-------------------|-----------------|
| Name of Individual | Position | Nicknames/Aliases | Current Address |
| | | | |
| Last Two (2) Previous Addresses | | Height & Weight | Hair/Eye Color |
| | | | |

| | | | |
|---------------------------------|----------|-------------------|-----------------|
| Name of Individual | Position | Nicknames/Aliases | Current Address |
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| Last Two (2) Previous Addresses | | Height & Weight | Hair/Eye Color |
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|---------------------------------|----------|-------------------|-----------------|
| Name of Individual | Position | Nicknames/Aliases | Current Address |
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| Last Two (2) Previous Addresses | | Height & Weight | Hair/Eye Color |
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| Name of Individual | Position | Nicknames/Aliases | Current Address |
| | | | |
| Last Two (2) Previous Addresses | | Height & Weight | Hair/Eye Color |
| | | | |

Section 5: Manager's/Person In Charge Information

In the space below, please provide the name(s), home address(es), and telephone number(s) of the establishment's manager or person who is/will be principally in charge of operations at the establishment:

| | | | |
|---------------------------------|----------|-------------------|-----------------|
| Name of Individual | Position | Nicknames/Aliases | Current Address |
| | | | |
| Last Two (2) Previous Addresses | | Height & Weight | Hair/Eye Color |
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|---------------------------------|----------|-------------------|-----------------|
| Name of Individual | Position | Nicknames/Aliases | Current Address |
| | | | |
| Last Two (2) Previous Addresses | | Height & Weight | Hair/Eye Color |
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|---------------------------------|----------|-------------------|-----------------|
| Name of Individual | Position | Nicknames/Aliases | Current Address |
| | | | |
| Last Two (2) Previous Addresses | | Height & Weight | Hair/Eye Color |
| | | | |

Section 6: Establishment History/Experience

1. Has the applicant or any person named in this application including the persons listed in *Section 8: Employees and Notarized Certification* operated as a Massage, Bodywork or Somatic Therapist in any municipality in the State of New Jersey, another US State or Territory?
 Yes No
2. If "Yes", please indicate where (the municipality along with the state or territory): _____
3. If "Yes", the establishment operated from _____ to _____
(Month/Year) (Month/Year)
4. Has the applicant or any person named in this application including the persons listed in *Section 8: Employees and Notarized Certification* had a license or permit to operate an establishment denied, revoked, or suspended or had their license to work as a massage therapist denied, revoked or suspended?
 Yes No
5. If you answered "Yes" to question 4, please provide the reason for the denial, revocation, or suspension along with information on the subsequent business activities or occupations of the applicant or any person who had their license or permit to operate an establishment denied, revoked, or suspended in the space below:

Section 7: Prior Arrests, Criminal Convictions, Other Offenses

1. Have any of the persons named in this application, including the persons listed in *Section 8: Employees and Notarized Certification* had any prior arrests, criminal convictions, or offense convictions other than a misdemeanor traffic violation?
 Yes No
2. If "Yes", please provide the name of the person(s):

3. If "Yes", you must fully disclose: (1) the jurisdiction in which the arrest and/or conviction occurred and (2) the details on the offense for the arrest or conviction and circumstances thereof in the space below:



Section 8: Employees & Notarized Certification

In the space below you must provide the full legal name, date of birth, nick name(s) or alias(es), title/position, current address, and telephone number of **ALL** employees including.

- Owner and co-owners
- Each stockholder holding 10% or more and each officer and each director (if a corporation)
- Each partner and member (if a partnership, LLC, LLP)
- Each Massage, Bodywork, and Somatic Therapist
- Each Manager or Person(s) Principally In Charge of Operations
- Receptionists, Office Helpers, Assistants
- Any Other Employee of the Establishment Whether Paid or Not Paid

If additional space is needed, please photocopy this sheet. If an additional sheet is used, please check here

PLEASE NOTE: In accordance with Borough ordinance, the licensee must immediately provide the Borough Clerk with the information below for any person who will be hired during the licensing year. The information must be provided to the Borough Clerk prior to hiring of any such person and the hiring of such person is contingent on the person passing a Bellmawr Police Department background check.

| | Full Legal Name & Date of Birth (Month, Day, Year) | Nick Name(s) or Alias(e) | Title Position | Current Home Address | Telephone Number |
|----|--|--------------------------|----------------|----------------------|------------------|
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I, _____, THE APPLICANT, CERTIFY THAT THE ALL PERSONS NAMED ABOVE AS MASSAGE, BODYWORK, AND SOMATIC THERAPISTS HAVE BEEN CERTIFIED BY THE STATE OF NEW JERSEY PURSUANT TO N.J.S.A. 45:11-53, ET SEQ., THE MASSAGE, BODYWORK, AND SOMATIC THERAPIST CERTIFICATION ACT.

Owner's Name (Print): _____

Owner's Signature: _____

THIS FORM MUST BE NOTARIZED

Sworn and Subscribed Before Me this _____ Day of _____, 20 _____

Signature of Notary Public: _____

Section 9: Previous Addresses

In the space below you must provide the last two (2) home addresses for person named in *Section 8: Employees & Notarized Certification*. If additional space is needed, please photocopy this sheet. If an additional sheet is used, please check here

| | Full Legal Name | Last Home Address 1 (Prior to Current Address) | Last Home Address 2 (Prior to Address to Left) |
|-----|-----------------|--|--|
| 1. | | | |
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Section 10: Applicant Certification & Signature

By signing this application, I affirm that I have read, understand, and will abide by all of the provisions of the Revised General Ordinances of the Borough of Bellmawr with respect to my establishment license.

Applicant's (Owner's) Printed Name: _____ Applicant's (Owner's) Signature: _____

Date Signed: _____

FOR OFFICE USE ONLY:

DATE(S) SENT TO POLICE DEPARTMENT: _____ **SENT BY:** _____

APPROVED BY BOROUGH CLERK - SIGNATURE: _____ **DATE:** _____ **DATE(S) APPLICATION**

RETURNED TO OWNER: _____ **LICENSE NO.** _____



BOROUGH of BELLMAWR

21 E. Browning Rd

PO Box 368

Bellmawr NJ 08099-0368

Phone: 856-933-1313

APPLICATION INSTRUCTIONS

APPROVAL OF NEW EMPLOYEES AT A LICENSED MASSAGE, BODYWORK, AND SOMATIC THERAPY ESTABLISHMENT

Before a prospective employee may be employed by the establishment, the employee must first apply for a criminal background check at the Bellmawr Police Department. Please note that the employee may be employed on a probationary basis for no more than thirty (30) days pending review and approval of the background check by the Police Department.

The enclosed application must be completed in its entirety and must be accompanied by the following:

1. Copies of all massage, bodywork, and somatic therapist certifications issued by the NJ Board of Massage & Body Work Therapy for all employees named in Section 8 of the application and who will be performing massage, bodywork, and/or somatic therapy at the establishment.
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Date Signed: _____

FOR OFFICE USE ONLY:

DATE(S) SENT TO POLICE DEPARTMENT: _____ SENT BY: _____

APPROVED BY BOROUGH CLERK SIGNATURE: _____ DATE: _____

DATE(S) APPLICATION RETURNED TO OWNER: _____ LICENSE NO. _____