



ROCKAWAY BOROUGH DEPARTMENT OF HEALTH AND CODE ENFORCEMENT

**1 E. Main St.
973-627-2000
Rockaway, New Jersey 07866**

**MASSAGE, BODYWORK AND/OR SOMATIC THERAPIST
APPLICATION**

FEE: \$100.00 LICENSE EXPIRES: _____

****An annual background check is required for each massage therapist****

NAME OF MASSAGE THERAPIST: _____

MASSAGE THERAPIST TELEPHONE #: _____

MASSAGE THERAPIST HOME ADDRESS: _____

MASSAGE THERAPIST EMAIL: _____

NAME OF BUSINESS: _____

STREET ADDRESS: _____

MAILING ADDRESS (if different): _____

BUSINESS TELEPHONE: _____ FAX: _____

BUSINESS OWNER NAME: _____

BUSINESS OWNER'S ADDRESS: _____

BUSINESS OWNER'S HOME PHONE: _____

BUSINESS OWNER'S EMAIL: _____

I. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. IF THERE IS NOT ADEQUATE SPACE, PLEASE USE A SEPARATE SHEET AND ATTACH IT.

1. Therapist's previous two (2) addresses:

Street Address	Town/City	State
Street Address	Town/City	State

2. Personal Information:

Date of Birth: _____ Age: _____ Place of Birth: _____

Sex: _____ Race: _____ Height: _____ Eye Color: _____

Hair Color: _____ Driver's Lic. # _____ State: _____

Social Security # _____

Are you a U.S. Citizen? Yes _____ No _____

*If you answered "No", what is your country of Citizenship? _____

Maiden Name/Previous Married Name(s) or Aliases: _____

3. Have you ever been arrested for, or convicted of a crime? Yes: _____ No: _____

Date: _____ Location: _____ Arresting Agency: _____

Charge: _____

Disposition: _____

Date: _____ Location: _____ Arresting Agency: _____

4. Have you had any previous massage therapy or similar business experience? Yes: _____ No: _____

If "yes", have you ever had such a permit or license denied, revoked or suspended? Yes: _____ No: _____

If "yes", explain: _____

5. Did you have a permit/license? Yes: _____ No: _____ If "yes", have you ever had such a permit or license denied, revoked or suspended? Yes: _____ No: _____ If "yes", explain: _____

6. Have you ever held another job in the last ten (10) years?

Yes: ____ No: ____ If "yes", continue below:

Business Name Address

Owner/Manager Phone

Business Name Address

Owner/Manager Phone

7. Please list the names, addresses and daytime & evening telephone numbers of three (3) adult residents of the county who will serve as character references. Each must be a person other than a relative or business associate.

Name Address

Day Phone Evening Phone

Name Address

Day Phone Evening Phone

Name Address

Day Phone Evening Phone

II. THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION.

1. **Two (2) front face portrait/passport photographs** (at least 2x2 inches in size) taken within thirty (30) days of the date of application.

2. **A copy of each of the following items:**

Social Security Card: ____ Birth Certificate: ____ Driver's License: ____

Work Visa (if applicable): ____ Passport (if applicable): ____

3. **Education Background:** High School Diploma: ____ College Degree: ____

Masseur or Therapist Certificate: ____ Other: ____

4. **Finger Prints:** If you have never been fingerprinted by the police department within the jurisdiction of the business, you will need to make an appointment at the following location:

<http://uenroll.identogo.com/> utilizing the ORI # NJ0143400. Service code 2F17ZY- Local Ordinance, 13:59-1.

For Renewals: If you have already been fingerprinted to conduct business within Rockaway Borough, you can directly request the required background check (212A) here:

<https://www.njportal.com/njsp/criminalrecords/> . Use the above codes (ORI and service code) to ensure your information is received by the proper department.

RELEASE AUTHORIZATION

I, _____
(Print Name)

(Date of Birth) (Social Security #)

am making application to Rockaway Borough for a licensed establishment to conduct massage, bodywork, and/or somatic therapy. I am aware that my fingerprints are being submitted for the purpose of determining any previous and potentially future criminal arrest information. I hereby, waive any alleged claims of privilege that I may otherwise have with regard to my fingerprints for the purpose of this application.

I authorize the Rockaway Borough Police Department Detective Bureau to conduct an investigation of myself to determine my eligibility to practice massage, bodywork, and/or somatic therapy. I hereby release, discharge, and exonerate the Rockaway Borough Police Department, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of furnishing, inspection, or collection of documents. Records and other information or the investigation made by the Rockaway Borough Police Department.

A photostatic copy of this authorization will be considered as effective and valid as the original.

NOTE: Under Penalty of Law, any person who gives or causes to be given any false statement or information in applying for a massage license or permit is guilty of a crime of the fourth degree. A person commits a crime of the fourth degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are publishable (N.J.S.A. 2c:28-3a).

****This must be dated and signed in the presence of a town employee or official. ****

Date: _____

Signature: _____

Witness: _____

Town Employee/Official:

HEALTH DEPARTMENT USE	
APPROVED: _____	NOT APPROVED: _____
INSPECTOR: _____	DATE: _____