



200 South Street,
P.O. Box 914
Morristown, NJ
07963-0914

Health Division

Main Office (973) 796-1975
Health Officer (973) 796-1993
Health Inspectors (973) 292-6713
(REHS) (973) 796-1804
Nurse (973) 292-6702
Animal Control (973) 292-6731
Fax (973) 292-6730

MASSAGE & BODYWORK ESTABLISHMENT LICENSE APPLICATION

Please complete all fields. You must submit a copy of your driver's license or a government-issued photographic identification with this application.

TYPE OF APPLICATION	APPLICATION FEE	BLOCK & LOT
<input type="checkbox"/> Initial Application	<input type="checkbox"/> 1- 1,499 sq. ft. \$200	
<input type="checkbox"/> Renewal Application	<input type="checkbox"/> 1,500 – 2,999 sq. ft. \$350	
	<input type="checkbox"/> 3,000 – 4,999 sq. ft. \$450	
	<input type="checkbox"/> 5,000 – 9,999 sq. ft. \$750	
	<input type="checkbox"/> 10,000 + sq. ft. \$1,000	

Important Information

- Licenses are valid from January 1st through December 31st of the licensing year. Licenses are not transferable. License is void with change of ownership. A late fee of \$50.00/per month will be assessed starting February 1st for all delinquent payments. License fees are not prorated.
- A separate license is required for the following: vending machines, retail food establishments, cosmetology and hairstyling services, and/or body art (tattoo, permanent cosmetics, etc.). Please contact this office to request an application.
- **Initial applications only:** provide a copy of business registration certificate at the time of licensure.
 - The business name must match the business name registered with the NJ Department of the Treasury, Division of Revenue and Enterprise Services.
- **Initial applications only:** background check in accordance with Town Code 4-1.2(b). Questions pertaining to the background check, please contact the Morristown Clerk's Office at (973) 292-6639. Please visit www.townofmorristown.org for the complete Town of Morristown ordinance.
- If you have questions regarding your license or if your establishment has permanently closed, please contact the Health Division at 973-796-1975.

SECTION 1. Establishment Information

Establishment Trade Name _____

Address of Establishment _____

Establishment Phone # _____

Establishment Fax # _____

Establishment Email _____

Establishment Manager/Person in Charge (PIC) _____

Manager/PIC Phone # _____

Emergency Phone # _____

SECTION 3: Employee Information (continued)

Please attach separate sheet if necessary

Name _____
Title/Position _____
Home Address _____
Phone Number _____
License Number _____ **Expiration Date** _____

Name _____
Title/Position _____
Home Address _____
Phone Number _____
License Number _____ **Expiration Date** _____

Name _____
Title/Position _____
Home Address _____
Phone Number _____
License Number _____ **Expiration Date** _____

Name _____
Title/Position _____
Home Address _____
Phone Number _____
License Number _____ **Expiration Date** _____

Name _____
Title/Position _____
Home Address _____
Phone Number _____
License Number _____ **Expiration Date** _____

Name _____
Title/Position _____
Home Address _____
Phone Number _____
License Number _____ **Expiration Date** _____

SECTION 4. Certification & Signature

Applicant agrees to comply, and abide by, all the provisions of NJSA 45:11-53 et seq. and all local codes regulating Massage and Bodywork. By operating a business in the Town of Morristown, legal action may be taken for non-compliance of State and Town laws, along with the suspension or revocation of license upon violation of such codes.

Additionally, violations pertaining to N.J.S.A 45:11-53 et seq. will be reported to the NJ Board of Massage and Bodywork for further enforcement action(s) as prescribed by law.

If any of the information in this application changes, the applicant must inform the Morristown Health Division of those changes.

By signing below, I certify that the information provided on this form is true, correct, and complete to the best of my knowledge and further understand that if the above information is willfully false, may result in legal action including closure of the Massage and Bodywork establishment.

FOR NEW APPLICATIONS ONLY: I understand that the Morristown Health Division has not yet considered this Massage and Bodywork license application. The applicant will not operate the Massage and Bodywork establishment until an actual license from the Morristown Division of Health is issued to the applicant.

APPLICANT PRINTED NAME	TITLE/POSITION
APPLICANT SIGNATURE	DATE

***OFFICIAL USE ONLY ***			
Date Received	Received By	Fee Collected	Form of Payment
Attachments <input type="checkbox"/> NJ Business Registration (for initial applications) <input type="checkbox"/> NJ Board of Massage & Bodywork Employer License <input type="checkbox"/> NJ Board of Massage & Bodywork license for therapist(s)			
Health Officer/Designee Signature/Approval			Date