



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

## Health Division

Main Office (973) 796-1975  
Health Officer (973) 292-6707  
Health Inspectors (973) 292-6713  
(REHS) (973) 796-1993  
Nurse (973) 292-6702  
Animal Control (973) 292-6731  
Fax (973) 292-6730

### MASSAGE & BODYWORK 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	DATE OF APPLICATION
<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application	<input type="checkbox"/> 1- 1,499 sq. ft. \$200	
	<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

- Please visit [townofmorristown.org](http://townofmorristown.org) for the complete Town of Morristown ordinance.
- Should the business temporarily suspend operations for more than thirty (30) days or permanently close, the Health Division shall be notified in writing by submitting a letter to Carlos Perez, Jr., Ph.D., Health Officer at the address above.
- Please note, by providing your email address, you consent to receive communications electronically from the Morristown Division of Health, and you affirm that the email listed is a reliable form of communication.
- A separate license is required if you provide cosmetology and/or hairstyling services. You must contact the Health Division for an application.
- Applicants must submit for a background check in accordance with Town Code 4-1.2(b).
- If you have questions regarding your license, please contact the Health Division at 973-796-1975.

#### SECTION 1. Business Information

##### Business Legal Structure

Please describe your business's legal structure. If your Business legal structure is Sole Proprietorship or if your Business has an individual partner, complete Sections 1, 2, 4 and 5. If you business's legal structure is NOT Sole Proprietorship and your business does NOT have an individual general partner, complete Sections 1, 3, 4 and 5.

<input type="checkbox"/> Business/General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Partnership (LLP)	

##### Business Information

The business name that you provide must match the business name registered with the NJ Department of the Treasury, Division of Revenue and Enterprise Services. **You must provide a copy of your business registration certificate at the time of licensure.**

BUSINESS NAME	NUMBER AND STREET
NJ BOARD OF MASSAGE & BODYWORK EMPLOYER LICENSE NUMBER	Please Note: You must provide a copy of the employer license with this application.

DOING BUSINESS AS (DBA)/TRADE NAME	CITY, STATE, ZIP CODE
BUSINESS PHONE NUMBER	BUSINESS EMAIL ADDRESS*

**Contact Mailing Information**

If you want Morristown Division of Health correspondence addressed and mailed to a contact other than the business name and address provided above, please complete the information below.

FIRST AND LAST NAME	EMAIL ADDRESS:
TITLE/POSITION (Check only one box) <input type="checkbox"/> Chairman <input type="checkbox"/> President <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Other, specify: _____	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	PHONE NUMBER

**Property Owner Information**

Applicants must provide information on the property owner. In the event of an emergency (i.e. fire, sewage backup, disruption in utilities) and the business owner cannot be reached, the property owner may be contacted.

PROPERTY OWNER NAME	
MAILING ADDRESS, NUMBER AND STREET	CITY, STATE, ZIP CODE
PHONE NUMBER	EMAIL ADDRESS

**SECTION 2. Sole Proprietors and Individual General Partners**

**Individual #1**

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE

**Individual #2**

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE

**SECTION 3. Business General Partners, Corporate Officers, Shareholders and Members**

You must provide information on *all* business general partners and *all* corporate officers and *each* shareholder owning ten percent (10%) or more of the business applying for a license. Note: Limited Liability Companies (LLC) must provide information on *all* members. **Attach additional sheets if necessary.** Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships must register and remain active with the NJ Department of the Treasury, Division of Revenue and Enterprise Services.

**Business General Partners, Corporate Officers, Shareholders and Members**

**Individual #1**

FIRST AND LAST NAME		PHONE NUMBER	
HOME ADDRESS		CITY, STATE, ZIP CODE	
TITLE/POSITION (Check only one box)		<input type="checkbox"/> Chairman	<input type="checkbox"/> President
		<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
		<input type="checkbox"/> Officer	<input type="checkbox"/> Treasurer
		<input type="checkbox"/> Trustee	<input type="checkbox"/> Vice President
		<input type="checkbox"/> Other, specify: _____	
% OF OWNERSHIP			

**Individual #2**

FIRST AND LAST NAME		PHONE NUMBER	
HOME ADDRESS		CITY, STATE, ZIP CODE	
TITLE/POSITION (Check only one box)		<input type="checkbox"/> Chairman	<input type="checkbox"/> President
		<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
		<input type="checkbox"/> Officer	<input type="checkbox"/> Treasurer
		<input type="checkbox"/> Trustee	<input type="checkbox"/> Vice President
		<input type="checkbox"/> Other, specify: _____	
% OF OWNERSHIP			

The following section is to be completed for Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships where ownership is not by an individual, but by another business.

**Business #1**

BUSINESS NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
% OF OWNERSHIP	EMPLOYER IDENTIFICATION NUMBER ____ - _____

**Business #2**

BUSINESS NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
% OF OWNERSHIP	EMPLOYER IDENTIFICATION NUMBER _____ - _____

**SECTION 4. Employees**

On the next page, you must provide the full legal name, nick name(s) or alias(es), title/position, current addresses and telephone number of all employees who are employed in the massage, bodywork and somatic therapy establishment. This is to include, but not limited to managers, therapists, receptionists and administrative assistants. Applicants must provide a copy of the NJ Board of Massage and Bodywork license for each therapist listed. Applicants must also submit two (2) color photographs, one and one-half by one and one-half inches (1 ½ x 1 ½") in size (e.g. passport photographs), not over one (1) year old, showing the licensee's face.

**SECTION 5. Services Provided**

In the space below, you must identify all services (e.g. hair care, skin care, waxing, massage) offered within the premise. Applicants may attach a brochure of services to this application.

**SECTION 6. Affirmation & Signature**

Licenses are valid from January 1<sup>st</sup> through December 31<sup>st</sup> 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 January 1<sup>st</sup> for all delinquent payments. License fees are not prorated.

I am authorized to complete and submit this application and all attachments. I have reviewed the entire application. To the best of my knowledge, this application is true, correct and complete. If any of the information in this application changes, the applicant must inform the Morristown Health Division of those changes. I also understand that the applicant must comply with all relevant laws and regulations if granted a registration to operate.

By operating a business in the Town of Morristown, I understand that legal action may be taken for non-compliance of state and town laws, along with the suspension and revocation of my Massage and Bodywork Registration. Additionally, violations pertaining to N.J.S.A 45:11-1.1 et seq. and N.J.A.C. 13:37-1.1 et seq. will be reported to the NJ Board of Massage and Bodywork for further enforcement action(s) as prescribed by law.

**NEW APPLICANTS ONLY:** I understand that the Morristown Division of Health has not yet considered this application. The applicant will not operate the business until an actual registration from the Morristown Division of Health has been issued.

