



# BOROUGH OF SHREWSBURY

419 SYCAMORE AVE  
SHREWSBURY, NJ 07702  
TELEPHONE 732-741-4200  
FAX 732-741-6549

## Massage Business License- Yearly Renewal

It has been identified that your business offers Massage, Bodywork & Somatic Therapy Services. **The State of New Jersey, effective September 4, 2012, has enacted a law requiring all persons engaged in the practice of massage and bodywork therapy must hold a license from the Board of Massage and Bodywork Therapy.** Additionally, as dictated by Borough of Shrewsbury Ordinance 973, Chapter 157, the operation of any business offering these services must first provide the following information prior to the origination and/or renewal of its business license. Failure to comply with both the State and Borough requirements may result in the revocation of a business license allowing these services to be conducted at your establishment.

**Corporate Name of Business:** \_\_\_\_\_

**Address of premises where services will be conducted:**

\_\_\_\_\_

### List of all Owners and/or Partners

<u>Name</u>	<u>Home Address</u>	<u>Phone</u>	<u>Email</u>

**Have any of the owners/ partners ever been convicted of any crime or offense in this or any other state under any circumstances?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide name of person and circumstances surrounding the crime:

\_\_\_\_\_

(Under ordinance 973, the Police Dept or Clerk's Office may ask that the owner/partner consent to a background check at any time, cost to be the responsibility of the owner/partner)

### Person responsible for the daily operation of your business (manager, etc)

<u>Name</u>	<u>Home Address</u>	<u>Phone</u>	<u>Email</u>

**To my knowledge the premises noted above, where the massage services will be conducted, is in conformity with all the codes of the Borough of Shrewsbury: Yes \_\_\_\_\_ No \_\_\_\_\_**

**\*List of each person or persons engaged in the practice of massage services at your establishment.** (This list should also include any owner/partner if they also practice massage services). Each massage/masseur must be over the age of 18.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Expiration of State License</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(if additional space is needed please attach an additional sheet)

**\*For each of the individuals listed as practicing as a masseuse/masseur at your establishment you must supply the following support documentation that supports their credentials and character to perform massage, bodywork and somatic therapy services within the Borough of Shrewsbury:**

A legible copy of a current NJ State certification for Massage, Bodywork and Somatic Therapy issued by the NJ office of the Attorney General, Division of Consumer Affairs must be attached to this license renewal application.

In making this application to obtain a Massage Business License in the Borough of Shrewsbury, I certify with my signature that all statements made within this application are true and accurate. I understand that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient to deny license approval or renewal. The signatures of all owners/partners are required below.

<u>Name</u> (printed)	<u>Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____