



The BOROUGH of HIGHLAND PARK

APPLICATION FOR MASSAGE, BODYWORK, AND SOMATIC THERAPIES LICENSE

NEW _____ RENEWAL _____

Name of Applicant _____
(Individual name, names of partners, corporate name)

Current Address: _____
No. Street Municipality State Zip Code

Phone No.: _____ e-mail: _____

Date of Birth: _____, Height: _____ Weight: _____ Gender: _____

Hair Color: _____ Eye Color: _____ Social Security No. _____

Driver's License No. _____ Issuing State: _____

Applicant's Previous Two (2) Addresses: _____

Has Applicant previously operated in another municipality or State under a License or Permit? _____

If yes, was the license of permit ever revoked, suspended or denied? _____

COMPANY INFORMATION:

COMPANY NAME: _____

Address: _____
No. Street Municipality State Zip Code

Phone No. _____ Fax No. _____

Manager in Charge of Operation Name: _____

Address: _____
No. Street Municipality State Zip Code

Phone No.: _____ e-mail: _____

ADDITIONAL INFORMATION REQUIRED:

- Attached two (2) front face portrait photographs taken within the last 30 days of the date of the application and at least 2" x 2" of each employee including owner. (Clerk's office)
- Attached to this application MUST be a complete list of the names and resident addresses of ALL massage, bodywork and somatic therapists and employees in the business, along with a copy of their drivers license. This list must be kept up to date as new therapists and employees are hired by the business. (Clerk's Office)
- A COPY of each massage, bodywork and/or somatic therapists valid New Jersey State certificate and license issued pursuant to the Massage, Bodywork and Somatic Therapist Certification Act, NJSA 45:11-53 et seq. (Code Enforcement)

FINGERPRINT INSTRUCTIONS FOR APPLICANTS

Please go to the following website to schedule your fingerprinting appointment:

<https://uenroll.identogo.com/>

You will then enter the following Service Code at the top of the webpage: **2F17ZY** (New Jersey Local Ordinance) and click on Schedule or Manage Appointment

Highland Park ORI # is: **NJ0120700**

Please contact Monika Solarska-Gnat at (732) 572-3800 ext. 4220 or
msgnat@hpboro.com for case number