

BOROUGH OF CLOSTER

DEPARTMENT OF HEALTH

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HEALTH OFFICER

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CERTIFIED MUNICIPAL REGISTRAR



BOROUGH HALL
201-784-0600 EXT.493
Fax No. 201-784-0371

MASSAGE ESTABLISHMENT LICENSE APPLICATION

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A PLACE OF MASSAGE ESTABLISHMENT, BODYWORK, AND SOMATIC MASSAGE AS DEFINED IN N.J.S.A. §45:11-53 and CLOSTER BOARD OF HEALTH ORDINANCE 2020-1.

No massage, bodywork or somatic therapy establishment shall be issued a permit or be operated, established or maintained in the Borough unless an inspection by the Health Department, Construction Code Department and Fire Prevention Division reveals that the establishment complies with the minimum requirements of the Building, Fire and Health Codes for businesses operating in the Borough of CLOSTER.

FEES: APPLICATION: \$250.00, EACH APPLICANT REVIEW FEE: \$50.00

TRADE NAME: _____ TYPE OF OWNERSHIP: _____
(INDIVIDUAL, PARTNERSHIP, CORPORATION OR OTHERS)

CORPORATION NAME: _____

Telephone Numbers at SHOP: _____

ADDRESS: _____ EMAIL ADDRESS: _____

Name and Address of Owner(s) _____

OWNER'S EMAIL ADDRESS: _____ CELL PHONE NO. OF THE OWNER: _____

OWNER'S DATE OF BIRTH: _____ OWNER'S SOCIAL SECURITY#: _____

List name, address date of birth and social security numbers for each massage therapist who will provide massage services for this massage establishment including owner if applicable: **Please attach a copy of New Jersey Board of Massage & Bodywork Therapy License for each named individual.**

Name: _____ SS#: _____ DOB: _____

Address: _____ Phone: (____) ____ - ____

Name: _____ SS#: _____ DOB: _____

Address: _____ Phone: (____) ____ - ____

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PLEASE FORWARD WITH THIS APPLICATION COPIES OF THE FOLLOWINGS:

- A. New Jersey State Establishment Shop Massage and Body Works Therapy License
- B. Manager/ Owner's Massage and Body Works Therapy License with Government Issued Photo ID
- C. Operator's Massage and Body Works Therapy License with pictures attached including names with Government Issued Photo ID
- D. Copy of Liability insurance
- E. Disinfection/Sterilization plan for non-disposable materials
- F. Floor plan (showing each hand sinks)

LICENSES WILL NOT BE ISSUED WITHOUT SUBMITTING ITEMS A-F ABOVE.

IN CONSIDERATION OF SUCH LICENSE, APPLICANT AGREES TO COMPLY AT ALL TIMES WITH ALL STATUTES, ORDINANCES, RULES AND REGULATIONS OF BOTH THE NEW JERSEY DEPARTMENT OF HEALTH AND OF THE BOROUGH OF CLOSTER. LICENSE, IF GRANTED, IS UPON EXPRESS CONDITION OF ITS FORFEITURE OR REVOCATION IF CASE THE LICENSEE, HIS AGENT, OR SERVANT VIOLATES THE CONDITIONS SET FORTH HEREIN.

PLEASE NOTE:

- **APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED WITH APPLICABLE FEE**
- **LICENSES ARE NOT TRANSFERRABLE IF BUSINESS IS SOLD**
- **LICENSES ARE RENEWABLE IN JANUARY AND EXPIRE DECEMBER 31ST**

I hereby consent to inspection by the Closter Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with state and local massage establishment requirements, a copy of which I have received. BY SIGNING BELOW, I HEREBY UNDERSTAND AND COMPLY WITH ALL THE CONDITIONS SET FORTH IN THIS APPLICATION.

PRINT NAME AND SIGN

DATE

PLEASE NOTE:

- Licenses must be displayed in a prominent location within the establishment where patrons can observe them at all times
- The Health Officer may suspend, without warning, prior notice or hearing, any license to operate a massage establishment if the operation constitutes an imminent hazard to public health, including, but not limited to, any one of the following:
 - (a) There is an outbreak of an infectious, pathogenic or toxic agent capable of being transmitted to consumers.
 - (b) There is an absence of potable water, supplied under pressure, in a quantity which, in the opinion of the Health Officer, is capable of meeting the needs of the facility.
 - (c) There is sewage backup into the facility.
 - (d) An unlicensed individual is performing procedures requiring licensure by the New Jersey State Board of Massage and Bodywork Therapy.