



CITY OF ELIZABETH, NEW JERSEY

DEPARTMENT OF ADMINISTRATION

CENTRAL LICENSE BUREAU

50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462

Phone: (908) 820-4178

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BRIDGET S. ANDERSON
Business Administrator

CLARA GOODRIDGE
Chief License Inspector

J. CHRISTIAN BOLLWAGE
Mayor

APPLICATION FOR MASSAGE PARLOR

PREMISE FEE: \$500

EFFECTIVE FROM FEBRUARY 1 _____ THRU JANUARY 31 _____

Full Name: _____ DOB _____

Trade Name: _____

Business Address: _____

Business Tax ID#: _____

Residence Address: _____

Residence during preceding 3 years: _____

Business Telephone: _____

Description of premises and facilities at business address: _____

Are you applying as an Individual, LLC, or Corporation? Please choose one:

Individual _____ LLC _____ Corporation _____

If Corporation or LLC, in what state incorporated: _____ Date _____

Registered Agent in State of NJ: _____

(Name)

(Address)

Names, Title, and Addresses of Members of Corporation or LLC

Have you or any member of LLC or Corporation been convicted of a crime or misdemeanor?

If yes, list details _____

MESSAGE PREMISE OWNER

Please provide your **New Jersey Board of Massage and Bodywork Therapy** license to the person accepting this application.

FOR OFFICE USE ONLY

New Jersey Board of Massage and Bodywork Therapy License Received by: _____

Date: _____

APPLICATION FOR MASSAGE PARLOR PERMIT – Page 2

Please provide the name, and title/duties for each person employed by you at this location. Also, please provide appropriate license or certification to the person accepting this application.

NAME	TITLE/DUTIES	LICENSE/CERTIFICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If more room is needed, please use the back of this application.)

FOR OFFICE USE ONLY

Central License Inspection

Inspector Name: _____

Date of Inspection: _____

I, (PRINT NAME) _____, certify that the foregoing statements made by me in this application are true. I am aware that if the foregoing statements made by me are willfully false, this application will be invalidated; I will lose my rights to obtain a Massage Parlor Permit, and I am subject to punishment under law.

Signature of Applicant
If LLC or Corporation, include title

STATE OF NEW JERSEY

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COUNTY OF UNION

Sworn and subscribed to before me
this _____ day of _____, 20_____.

Notary Public