



CITY OF ELIZABETH, NEW JERSEY

DEPARTMENT OF ADMINISTRATION

CENTRAL LICENSE BUREAU

50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462

Phone: (908) 820-4178

Fax: (908) 820-0369

MASSAGE THERAPIST APPLICATION

Annual Fee for Masseur/Masseuse: \$250.00

1. FULL NAME: _____

2. FULL ADDRESS: _____

3. TELEPHONE NUMBER: _____

4. SS# OR BUSINESS TAX I.D.# _____

5. DATE OF BIRTH: _____

6. EMPLOYER'S TRADE NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE NUMBER: _____

7. HAVE YOU BEEN CONVICTED OF A CRIME OR MISDEMEANOR?

_____ YES

_____ NO

IF YES, EXPLAIN BELOW:

PLEASE ATTACH A COPY OF YOUR CERTIFICATION TO APPLICATION.

I HEREBY DECLARE THAT ALL INFORMATION LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY ABILITY.

Sworn and Subscribed before me

This _____ day of _____, 20 _____.

Public Notary

Signature of Applicant