BOROUGH OF LITTLE FERRY

COUNTY OF BERGEN
STATE OF NEW JERSEY

APPLICATION FOR LICENSE
MASSAGE AND SOMATIC THERAPIES

License Required: No person shall be engaged or employed (every business entity and each person employed by such entity shall be required to obtain a license) in the Borough of Little Ferry as a massage or somatic therapist for which any form of compensation is charged or accepted, without first having obtained a license from the Borough Clerk to do so.

License Fees: Five hundred ($500.00) dollars upon the filing of an annual application for the operation of a business engaged in providing the services of massage and somatic therapies and One hundred ($100.00) dollars upon the filing of an annual application for persons engaged in providing said services. The license shall be valid for a period of one (1) year.

License Requirements: A license shall not be issued to a business entity or to a person unless he/she meets the following conditions:

A. Is at least eighteen (18) years of age.

B. Submits a certification from a duly licensed physician of the State of New Jersey stating that the applicant is free from contagious and communicable diseases, dated within thirty (30) days of the date of application.

C. Submits three (3) recent photographs that shall be approximately two (2 x 2) inches showing the head and shoulders of the applicant in a clear and distinguishing manner. Each applicant shall be fingerprinted by the Chief of Police or his designee and shall undergo a background check by the Chief of Police. Said photographs and fingerprints shall constitute as part of the application. A fingerprint check shall not be required when obtaining a renewal of existing license.

D. Each massage practitioner shall have malpractice insurance in an amount not less than two hundred fifty thousand ($250,00.00) dollars. A copy of such certificate of insurance shall be presented to the Borough Clerk with this application.

Full Name: _____Date of Birth: _____

Address: _____

Phone #: _____ Alt. #: _____

Email: _____

Social Security #: _____

Provide employment history for the last ten (10) years (please use additional paper if needed):

_____

_____

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_____

SWORN STATEMENT

To Whom It May Concern:

I hereby swear, that within the last (5) years, I have not been convicted, pleaded novo contender or suffered a forfeiture on any criminal offense or on a charge of violating any provisions included in N.J.S.A. 2C:34-1, et. seq. and/or N.J.S.A. 2C:14-2, as amended which laws relate to indecency, obscenity and sexual offenses, or similar charges of violating this ordinance or similar ordinances in any other jurisdiction.

Any discovery of a false statement shall constitute grounds for denial of an application or revocation of a permit.

Signature: _____ Date: _____

POLICE APPROVAL _____ REJECTION _____

_____

Chief of Police Signature

Date: _____