Borough of Fort Lee

Department of Health
309 Main Street (Located in the rear parking lot)
Fort Lee, New Jersey 07024-4799
(201) 592-3500, ext. 1510
Fax (201) 585-1901
Email: health@fortleenj.org

APPLICATION FOR MASSAGE THERAPIST, TECHNICIAN OR MASSEUR LICENSE

Name: _____Tel. #_____

Address: _____

Date of birth: _____S.S.# _____Place of birth: _____

Gender: _____Hair Color: _____Eye Color: _____Race: _____Height: _____Weight: _____

Prior residence of last 10 years: _____

_____

Prior employment of last 10 years: _____

_____

New employment location: _____Tel. #_____

Have you ever been arrested or convicted of a crime? YES ___or NO____. If yes, please specify where and when below:

_____

_____

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH FORT LEE BOARD OF HEALTH ORDINANCE, CHAPTER 55 AND/OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED. THE LICENSE IS NOT TRANSFERABLE.

Signature of Applicant: _____ Date: _____

FEE: $75.00