

TOWNSHIP OF BRICK

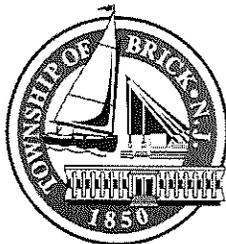
OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

John G. Ducey, Mayor

Township Council:

- Paul Mummolo - President
- Marianna Pontoriero - Vice President
- Lisa Crate
- Heather deJong
- Jim Fozman
- Arthur Halloran
- Andrea Zapcic



Office of the Municipal Clerk

Lynnette A. Iannarone, RMC, CMR
Municipal Clerk
(732) 262-1002
Fax: (732) 262-2839
clerk@twp.brick.nj.us

Jessica L. Larney, RMC, CMR
Assistant Municipal Clerk
(732) 262-1003
jlarney@twp.brick.nj.us
www.twp.brick.nj.us

MESSAGE PARLORS – CHAPTER 276

Application for a Massage Establishment - \$500.00

Application for a Massage Therapist - \$200.00

1. ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT PHONE NO.: _____

2. NAME OF APPLICANT : _____

CURRENT HOME ADDRESS: _____

CURRENT HOME PHONE NO.: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

3. PREVIOUS EMPLOYMENT (PAST 5 YEARS) : _____

MESSAGE OR SIMILAR BUSINESS LICENSE HISTORY:

4. HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED?: _____

IF YES, EXPLAIN: _____

5. HOW LONG HAVE YOU RESIDED IN NEW JERSEY?: _____

6. HAVE YOU EVER BEEN CONVICTED OF A CRIME?: _____

IF YES, EXPLAIN: _____

ATTACH:

- Two (2) current photographs at least two inches by two inches in size.
- A certificate from a medical doctor designating that the applicant has, within 30 days immediately prior thereto, been examined and found to be free of any contagious or communicable disease.
- A current certification as a massage therapist from the State of New Jersey pursuant to the Massage, Bodywork and Somatic Therapist Certification Act, N.J.S.A. 45:11-53 et seq.

DATE: _____ SIGNATURE: _____