

TOWNSHIP OF FRANKLIN
475 DeMott Lane, Somerset, NJ

APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT

**Permit is required as per Franklin Township Code Chapter 161. Initial Application Fee - \$100.00/Renewal Application Fee - \$25.00
Initial Permit to be issued is valid until December 31st of the 3rd year that the permit is in effect. Thereafter, permits shall be
renewed for one-year periods beginning January 1st. Fee is \$25.00 per year. All applications must be submitted with the
application fee; 2 photographs; and a copy of one of the following: zoning permit/change of tenant occupancy/certificate of
compliance/certificate of occupancy**

(PLEASE PRINT OR TYPE)

BUSINESS INFORMATION:

Business/Corporate Name: _____

Type of Ownership: o Individual o Partnership o Corporation o Other (Specify) _____

Trading Name (of different than Business/Corporate Name): _____

Business Phone: _____ Other Phone: _____ Business Fax: _____

Business Location: _____
(Number) (Street) (City) (State) (Postal Code)

Business Mailing Address: _____
(If different than location) (Number) (Street) (City) (State) (Postal Code)

APPLICANT INFORMATION:

Name of Applicant: _____

Daytime Phone: _____ Home Phone: _____

Residence Address: _____
(Number) (Street) (City) (State) (Postal Code)

Residence Mailing Address: _____
(If different than above) (Number) (Street) (City) (State) (Postal Code)

Two Previous Addresses Immediately Prior to Present Address:

1. Residence Address: _____
(Number) (Street) (City) (State) (Postal Code)

2. Residence Address: _____
(Number) (Street) (City) (State) (Postal Code)

Date of Birth: _____ Place of Birth: _____

Driver's License No. & State: _____ Social Security Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Massage Therapy or Similar Business History/Experience:

Have you had any other license(s) suspended/revoked or denied? Yes No If yes, explain in detail.

List all criminal charges resulting in conviction (except for misdemeanor traffic violations).

<u>Date</u>	<u>Place/Agency</u>	<u>Charge</u>	<u>Disposition</u>

List Three (3) Character References. (Character references must be of adult residents of Somerset, Hunterdon, Mercer or Middlesex County.)

- (1)

_____	_____
Name of Character Reference	Address (Number, Street, City, State, Postal Code)

- (2)

_____	_____
Name of Character Reference	Address (Number, Street, City, State, Postal Code)

- (3)

_____	_____
Name of Character Reference	Address (Number, Street, City, State, Postal Code)

Bodywork and Somatic Therapists and Other Employees:

Bodywork and Somatic Therapists must hold State License – Include date of issue and date of expiration

(Please use additional sheets if necessary)

Name	Address	City	State	Postal Code
------	---------	------	-------	-------------

State License #	Date of Issue	Date of Expiration
-----------------	---------------	--------------------

Name	Address	City	State	Postal Code
------	---------	------	-------	-------------

State License #	Date of Issue	Date of Expiration
-----------------	---------------	--------------------

Name	Address	City	State	Postal Code
------	---------	------	-------	-------------

State License #	Date of Issue	Date of Expiration
-----------------	---------------	--------------------

Name	Address	City	State	Postal Code
------	---------	------	-------	-------------

State License #	Date of Issue	Date of Expiration
-----------------	---------------	--------------------

Name	Address	City	State	Postal Code
------	---------	------	-------	-------------

State License #	Date of Issue	Date of Expiration
-----------------	---------------	--------------------

* * * * *
FOR OFFICE USE ONLY

Application Received: _____
Fee Received: _____
Photographs: _____
Received: _____

- Zoning Permit Change of Tenant Occupancy Certificate of Compliance Certificate of Occupancy
- Health Department Report – Approved/Denied – Date: _____
- Police Department Report – Approved/Denied – Date: _____
- Planning/Zoning Office Report – Approved/Denied – Date: _____
- Fire Prevention Report – Approved/Denied – Date: _____
- Code Enforcement Report – Approved/Denied – Date: _____

