

YEAR _____ NEW ___ or RENEWAL ___

TOWNSHIP OF WAYNE
CLERK'S OFFICE
475 VALLEY ROAD
WAYNE, NJ 07470

APPLICATION – MESSAGE ESTABLISHMENT

*TO AVOID A DELAY IN THE ISSUANCE OF YOUR LICENSE, PLEASE COMPLETE APPLICATION IN IT'S ENTIRETY
(Please make checks payable to Township of Wayne & submit with application to the Township Clerk's Office)*

Please circle one:

NAME of CORPORATION, PARTNERSHIP, LLC, or INDIVIDUAL: _____

ADDRESS OF OFFICE _____ **TEL. #** _____

ADDRESS of Residence if Individual: _____ **TEL.#** _____

MAILING ADDRESS: _____

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT _____ **TEL.#** _____

FAX # _____ **EMAIL ADDRESS:** _____

NUMBER OF YEARS OPERATING A MESSAGE ESTABLISHMENT: _____

ADDRESSES OF ALL PRIOR LOCATIONS:

Please circle one:

PARTNERSHIP, LLC or INDIVIDUAL, LIST NAME, ADDRESS & PHONE NO. OF EACH MEMBER:

	<u>NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE NO.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If Corporation or LLC, please give contact Name & Emergency Telephone Number:

IF APPLICANT IS INCORPORATED, STATE WHERE: _____ (State)

	<u>NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE NO.</u>
PRESIDENT	_____	_____	_____
SECRETARY	_____	_____	_____

Registered Agent or person upon whom service of process is authorized to be made:

Name: _____

Address: _____

Telephone Number: _____

DOES APPLICANT: OWN ___ or LEASE ___ BUILDING

IF LEASED NAME OF LANDLORD, ADDRESS & TELEPHONE NUMBER: _____

THE ADDRESS OF THE ESTABLISHMENT OR PREMISES TO BE USED IN THE MESSAGE BUSINESS AND A PHYSICAL DESCRIPTION OF THE PROPERTY AND FACILITIES.

HAS APPLICANT (OR ANY OF THE PARTNERS, OFFICERS OR DIRECTORS, IF CORPORATION) EVER BEEN CONVICTED OF A CRIME OR OFFENSE? YES _____ NO _____

IF YES, IDENTIFY CRIME OR OFFENSE & GIVE DATE(S) & PLACE(S): _____

Number of Massage Therapists Employed: _____ **List Massage Therapist(s) on attached list.**

Annual License fee \$250.00 (Non-Refundable)

Applicant's Signature *Date*

Print Name

For office use only:

LICENSE FEE PAID _____ **DATE:** _____ **PD.** _____ **ZD** _____ **BD** _____

COUNCIL MEETING _____

FOR NEW APPLICATION ONLY – MUST SUBMIT FOR THE FOLLOWING:

Criminal History Record Info. _____ ➔ **Wayne Township Police Dept.**

Cert. of Good Standing from NJ _____ ➔ www.state.nj.us/treasury/revenue/standcert.htm (Excludes Sole Proprietorship)

Name of Massage Establishment: _____

Complete list with all Therapists employed at your establishment:

	Last Name, First Name	Residence Address	Home Phone #	State Cert.	Proof of Cert.
1.				Y/N	Y/N
2.				Y/N	Y/N
3.				Y/N	Y/N
4.				Y/N	Y/N
5.				Y/N	Y/N
6.				Y/N	Y/N
7.				Y/N	Y/N
8.				Y/N	Y/N
9.				Y/N	Y/N
10.				Y/N	Y/N
11.				Y/N	Y/N
12.				Y/N	Y/N
13.				Y/N	Y/N
14.				Y/N	Y/N
15.				Y/N	Y/N
16.				Y/N	Y/N
17.				Y/N	Y/N
18.				Y/N	Y/N
19.				Y/N	Y/N