

TOWNSHIP OF WAYNE

CLERK'S OFFICE  
475 VALLEY ROAD  
WAYNE, NJ 07470

YEAR _____  NEW _____ or RENEWAL _____
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**APPLICATION – MASSAGE THERAPIST**

*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)*

NAME of APPLICANT \_\_\_\_\_

HOME ADDRESS : \_\_\_\_\_ TEL. # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**APPLICANTS ARE REQUIRED TO PRESENT OFFICIAL GOVERNMENT PHOTO IDENTIFICATION, INCLUDING BUT NOT LIMITED TO A VALID DRIVER'S LICENSE AND/OR PASSPORT.**

**LIST ALL EMPLOYMENT FOR A PERIOD OF THREE YEARS PRIOR TO THIS APPLICATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT MUST SUBMIT PROOF THAT HE/SHE HAS SUCCESSFULLY COMPLETED A MINIMUM OF 200 HOURS OF EDUCATION OR TRAINING IN MASSAGE, BODYWORK AND SOMATIC THERAPIES.**

**HAS THE APPLICANT EVER BEEN CONVICTED OF A CRIME OR OFFENSE IN THIS OR ANY OTHER STATE? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, GIVE DATE(S) & PLACE(S): \_\_\_\_\_**

\_\_\_\_\_

IDENTIFY CRIME OR OFFENSE: \_\_\_\_\_

\_\_\_\_\_

**Annual License fee: \$100.00 (Non-Refundable)**

\_\_\_\_\_  
*Applicant's Signature* *Date*

\_\_\_\_\_  
*Print Name*

**For office use only:**

LICENSE FEE PAID \_\_\_\_\_ CK.# \_\_\_\_\_ CASH \_\_\_\_\_ DATE: \_\_\_\_\_

PD \_\_\_\_\_ COUNCIL MEETING \_\_\_\_\_ Photo Id. \_\_\_\_\_ Cert. of 200 hours or more Training \_\_\_\_\_

**FOR NEW APPLICATION ONLY – MUST SUBMIT FOR: Criminal History Record Info. \_\_\_\_\_**