



TOWNSHIP OF OCEAN
50 Railroad Avenue
Waretown, NJ 08758
Tel (609) 693-3302 • Fax (609) 693-9026



<input type="checkbox"/> APPLICATION FOR MASSAGIST <input type="checkbox"/> APPLICATION FOR MESSAGE ESTABLISHMENT					
1) LAST NAME (include maiden) First Middle			2) Resident Address, City, State, Zip / Home Telephone		
3) DATE OF BIRTH Age		4) Place of Birth		5) Citizen	6) Social Security
Mo. Day Year	/ / /	City-State or Country	Yes or No	- -	-
(7) Sex	Height	Weight	Hair	Eyes	Race
					(8) Distinguishing Physical Characteristics
(9) Occupation			(10) Name & Address of Employer or Place of Business		
(11) Employer's Telephone No.			(12) Driver's License No. & State / State Massage License No.		
(13) Have you ever been convicted of a disorderly persons offense or Adjudged a juvenile delinquent?	Yes or No	If Yes, List Date(s)	Place(s)	Offense(s)	
(14) Have you ever been convicted of a crime that has not been expunged or sealed?	Yes or No	If Yes, List Date(s)	Place(s)	Offense(s)	
(15) NAME AND ADDRESS OF LICENSED MESSAGE ESTABLISHMENT					
(16) NAME AND RESIDENCE ADDRESS OF APPLICANT AND ALL FORMER ADDRESSES FOR PAST 3 YEARS					
Resident Address Number-Street-City-State-Zip Code					
Resident Address Number-Street-City-State-Zip Code					
Resident Address Number-Street-City-State-Zip Code					
(17) If Applicant Desires A Massagist's License, Submit A Statement Of All Employment For A Period Of Three (3) Years Prior To Application					
(18) ATTACH A 2-1/2" X 2-1/2" PORTRAIT OF APPLICANT ABOVE THE SHOULDERS					
SIGNATURE OF APPLICANT			DATE OF APPLICATION		
			/ /		
FEES: Massage Establishment License \$100.00 Per Year Due Each January 1 Massagist License \$ 25.00 Per Year Due Each January 1 Fingerprint Fee \$ 20.00 each Massagist (one time only) PAYABLE TO THE TOWNSHIP OF OCEAN					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			Ocean Township Clerk Signature: _____ Date: _____		