



Mayor  
Susan Shin Angulo

Patti Chacker  
Township Clerk  
Registrar of Vital Statistics

# MESSAGE BUSINESS OR MESSAGE THERAPIST SERVICES

The undersigned hereby makes application for a license to

- OPERATE MESSAGE BUSINESS       MESSAGE THERAPIST

**NAME OF BUSINESS:** \_\_\_\_\_

CORPORATE NAME (if different): \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

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

Date of Birth: \_\_\_ - \_\_\_ - \_\_\_ Social Security# \_\_\_ - \_\_\_ - \_\_\_ Phone#: \_\_\_\_\_

**If Applicant Is A Corporation, Please Complete the Following:**

_____	_____
<b>President</b>	<b>Address</b>

Date of Birth: \_\_\_ - \_\_\_ - \_\_\_ Social Security# \_\_\_ - \_\_\_ - \_\_\_ Phone#: \_\_\_\_\_

**APPLICANTS FOR A LICENSE TO OPERATE A MESSAGE BUSINESS:**

**Describe the property and facilities to be used in the operation of the message business:**

\_\_\_\_\_

**Describe the applicant's previous experience relating to the message business, including the place, number of years and nature of experience:**

\_\_\_\_\_

**APPLICANTS FOR A MESSAGE THERAPIST LICENSE:**

**List names and addresses of each of your employees for the previous three years:**

\_\_\_\_\_

\_\_\_\_\_

**Describe your training and background as a Massage Therapist:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Print Name**

X  
\_\_\_\_\_  
**Signature**

**CERTIFICATION SHEET**  
**MESSAGE BUSINESS OR MESSAGE THERAPIST SERVICES**

---

**CORPORATE SEAL**

\_\_\_\_\_  
**PRESIDENT**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

\_\_\_\_\_  
**INDIVIDUAL APPLICANT**

**FEES:                    \$250.00 FOR EACH MESSAGE BUSINESS**  
**\$150.00 FOR EACH MESSAGE THERAPIST**

**(PLEASE NOTE: All licenses are assessed a late fee if renewed after January 31<sup>st</sup>)**

-----  
**FOR OFFICE USE ONLY**

Taxes Paid?     YES     NO

\_\_\_\_\_  
Tax Collector

\_\_\_\_\_  
Date

APPROVED     DENIED

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Date

APPROVED     DENIED

\_\_\_\_\_  
Construction Official

\_\_\_\_\_  
Date

APPROVED     DENIED

\_\_\_\_\_  
Township Council

\_\_\_\_\_  
Date

**FEES:    AMOUNT PAID \$** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Tax Exempt?**     YES     NO

**CHERRY HILL POLICE DEPARTMENT  
APPLICATION FOR CHERRY HILL TOWNSHIP MASSAGE BUSINESS OR MASSAGE THERAPIST SERVICES**

**Please Attach a Copy of Valid Driver's License and State License**

Please Print  
NAME \_\_\_\_\_ AGE: \_\_\_\_\_  
Last First Middle Maiden

ADDRESS \_\_\_\_\_  
Number Street Town State Zip Code

PREVIOUS \_\_\_\_\_  
ADDRESS Number Street Town State Zip Code

CONTACT PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SEX  M  F RACE \_\_\_\_\_ HGT \_\_\_\_\_ WGT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, where? \_\_\_\_\_  
Explain: \_\_\_\_\_

**SECURITY CHECK AUTHORIZATION WAIVER**

As indicated above, I have applied for non-criminal justice employment licensing, OR, as a volunteer participant in a block parent/helping hand type program. For the purpose of this application, I hereby authorize the release of any criminal history record information criteria for the stated purpose to the Cherry Hill Police Department and The Township of Cherry Hill. Any such information released as a result of this authorization shall be used only for the express purpose of processing the above indicated application.

Signature of Applicant  X  Date: \_\_\_\_\_

---

---

**FOR POLICE USE ONLY**

APPLICATION FOR: \_\_\_\_\_  
STATE OR FEDERAL STATUTE, RULE OR REGULATION, DESCRIPTION \_\_\_\_\_  
LOCAL ORDINANCE: \_\_\_\_\_ NON-CRIMINAL \_\_\_\_\_  
APPLICATION RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

---

---

**SECURITY CHECK CONDUCTED**

C.H.P.D. RECORDS \_\_\_\_\_ N.C.I.C. \_\_\_\_\_ S.C.I.C. \_\_\_\_\_  
LOCAL POLICE JURISDICTION \_\_\_\_\_ DRIVER'S LICENSE \_\_\_\_\_  
OTHER \_\_\_\_\_

---

---

**FOR POLICE CHIEF ONLY**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Federal Regulations (Title 28) prohibit the use of Computerized Criminal History inquiries for a purpose other than authorized, therefore, this record check is not necessarily conclusive, and is not intended as an endorsement of the applicant