

I. NAME OF BUSINESS: _____

CORPORATE NAME (if different): _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

II. Name of Applicant: _____

MAILING ADDRESS: _____

FORMER ADDRESSES FOR A PERIOD OF (3) YEARS: _____

Date of Birth: ____ - ____ - ____ Social Security# ____ - ____ - ____ Phone#: _____

III. If Applicant Is A Corporation, Please Complete the Following:

President

Address

Date of Birth: ____ - ____ - ____ Social Security# ____ - ____ - ____ Phone#: _____

IV. 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:

V. MESSAGE THERAPISTS

List the name and address of each message therapist, and attach a COPY of their current NJ State License:

VI. _____
Print Name

Signature

-- Be sure to review the APPLICATION and POLICE CHECKLISTS on page 2 --

**CERTIFICATION SHEET
MESSAGE BUSINESS**

CORPORATE SEAL

PRESIDENT

ATTEST: _____

SECRETARY

INDIVIDUAL APPLICANT

FEES

\$2,000.00 FOR EACH MESSAGE BUSINESS

APPLICATION CHECKLIST

- Complete Application pages 1 - 3
- Include Payment of Fees
- Copy of Business Owner Driver's License
- Copy of NJ State Business License
- Copy of NJ State Licenses AND Driver's license for EACH Massage Therapists

POLICE CHECKLIST

- Complete Application page 3
- Copy of Applicant's Valid Driver's License
- Copy of Applicant's State License

(PLEASE NOTE: All Licenses are assessed a late fee of \$200.00 if renewed after January 31st)

FOR OFFICE USE ONLY

Taxes Paid? YES NO

Tax Collector

Date

APPROVED DENIED

Police Chief

Date

APPROVED DENIED

Zoning Officer

Date

FEES: AMOUNT PAID \$ _____

DATE: _____

Tax Exempt? YES NO

--Please complete Cherry Hill Police Department application on page 3

CHERRY HILL POLICE DEPARTMENT
Application for Cherry Hill Township MASSAGE BUSINESS
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 _____ 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