

CITY OF MILLVILLE

MASSAGE BUSINESS LICENSE APPLICATION (Article XVIII)

\$10.00 Application Fee Due Payable at Time of Application
Annual License Period Shall Run January 1st to December 31st of Each Year
\$400.00 Annual License Fee
(\$200.00 If applied for after July 1st and Business was not in operation prior to July 1st of any year)
Copy of State of New Jersey Tax Sale Certificate
A copy of Photo Driver's License required by each person listed on application
A copy of Diploma, certificate or other written proof of graduation from a recognized school by the person who shall be directly responsible for the operation and management of the massage business

It shall be unlawful for any person to engage in a massage business or act as a masseur within the City unless licensed pursuant to this article. Additionally, all such persons shall have successfully completed the required training in a recognized school
The license required shall be known as a "massage business license" and shall be issued by the City Clerk after payment of the required fee and compliance with these regulations. A copy of the license issued shall be filed by the City Clerk with the Chief of Police.
The license issued shall be prominently displayed on the business premises at all times.
No licensee shall allow the use of his, her or its name by any person directly or indirectly for the purpose of engaging in a massage business in any location other than the licensed premises.
A license may be issued without a separate license fee for a masseur who is employed by a licensee and performs his services exclusively for the licensee at the licensed premises, provided all other regulations have been satisfied.

DATE OF APPLICATION: _____ APPLICATION FEE PAID: \$ _____

BUSINESS INFORMATION

NAME OF BUSINESS: _____ PHONE#: _____
Attach Copy of State of New Jersey Tax Sale Certificate

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

APPLICANT INFORMATION

NAME: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID
(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: : _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

APPLICANT INFORMATION cont.

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

OWNER INFORMATION:

NAME: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

GENERAL PARTNER INFORMATION:

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

2) GENERAL PARTNER INFORMATION: (If more than 2 Provide Addition Partners on Page 12)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

2) GENERAL PARTNER - continued

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

SHAREHOLDER/OFFICER INFORMATION: (If 20% Interest in Corporation)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. / / DL#: SS#: - -
Month Day Year Attach Copy of Driver's License/Legal Photo ID

(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

2) SHAREHOLDER/OFFICER INFORMATION: (If 20% Interest in Corporation)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

D.O.B. ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

3) SHAREHOLDER/OFFICER INFORMATION: (If 20% Interest in Corporation)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

D.O.B. ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

3) SHAREHOLDER/OFFICER INFORMATION- continued

(If More than 3 Shareholder/Officers Please Provide Additional on Page 14)

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE INFORMATION: EMPLOYEE – Any person over 18 years of age, other than a masseur, who renders any service in connection with the operation of a massage business and receives compensation from the operator of the business or patrons.

1) EMPLOYEE: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. / / DL#: SS#: - -
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

2) EMPLOYEE: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

4) EMPLOYEE: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

5) EMPLOYEE: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

D.O.B. ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

6) EMPLOYEE: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

D.O.B. ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

§ 33-145. Regulations.

- A. Every person who operates a massage business shall, at all times, keep an appointment book in which the name of each and every patron shall be entered, together with the date, time, place of service and the service provided. The appointment book shall be made available at all times for inspection by the Chief of Police or his authorized representative.
- B. Price rates for all services shall be prominently posted in the reception area in the location available to all prospective customers.
- C. The premises to be licensed shall be inspected by the Construction Official and the subcode officials for the safety of the structure and the adequacy of illumination, heating, plumbing and ventilation. Inspections shall be conducted periodically to ensure continued compliance.
- D. The premises to be licensed shall be inspected by the Zoning Officer to ensure compliance with the Land Use and Development Regulations. **Editor's Note: See Ch. 30, Land Use and Development Regulations.**
- E. The walls shall be clean and painted with washable and mold-resistant paint in all rooms where water or steam baths are given.
- F. Floors shall be free from any accumulation of dirt, dust or refuse.
- G. All equipment used in the massage operation shall be maintained in a clean and sanitary condition.
- H. Towels, linen and items for personal use of operators and patrons shall be clean and freshly laundered. Towels, cloths and sheets shall not be used for more than one patron. Heavy white paper may be substituted for sheets, provided such paper is changed for every patron.
- I. Creams, lotions, oils or other preparations used in administering massages shall be kept in clean and closed containers or cabinets.
- J. Eating in the massage work area shall not be permitted.
- K. All employees, including the masseurs, shall be clean and wear clean and nontransparent outer garments.
- L. All masseurs shall wash their hands in hot running water, using the proper soap or disinfectant before administering a massage to a patron.
- M. No massage practice or service shall be carried on within any booth, cubicle, room or any area within a massage establishment which is fitted with a door capable of being locked.
- N. The sexual or genital area of patrons must be covered by cloths, towels or undergarments when in the presence of an employee or masseur.
- O. It shall be unlawful for any person in a massage establishment to knowingly place his or her hand upon or to touch with any part of his or her body, or to fondle in any manner, or to massage a sexual or genital area of any other person.
- P. No masseur, employee or operator shall perform, offer or agree to perform any act which would require the touching of the patrons sexual or genital areas.
- Q. The licensee shall have the premises supervised at all times when open for business.
- R. Any business rendering massage services shall have one person who qualifies as a masseur on the licensed premises at all times when the services are listed as being offered and as set forth in the application for the license.
- S. The licensee shall personally supervise the business and shall not violate, or permit others to violate, any of the regulations contained herein.
- T. The violation of any of these regulations by an agent or employee of the licensee shall constitute a violation by the licensee.
- U. No persons shall permit any person under the age of 18 years to come or remain on the premises of any massage business as a masseur, employee or patron.

SIGNATURE OF APPLICANT: _____
Signature Date

FOR OFFICE USE ONLY

CHIEF OF POLICE:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

BUREAU OF PERMITS AND INSPECTIONS:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Construction Official _____
Signature Date

A brief explanation, if license was denied: _____

ZONING OFFICIAL:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Zoning Official _____
Signature Date

A brief explanation, if license was denied: _____

CITY CLERK/ADMINISTRATOR:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: City Clerk/Adm _____
Signature Date

A brief explanation, if license was denied: _____

