



Town of Kearny

Department of Public Health • Walter J. Nicol Health Center
645 Kearny Avenue, Kearny, NJ 07032
Phone: 201-997-0600 • Fax: 201-997-9703
www.kearnynj.org

MASSAGE, BODYWORK, AND SOMATIC THERAPY LICENSE APPLICATION

Application Type: Initial Therapist License (\$25) Renewal Therapist License (\$100)
 Initial Non-Therapist Employee License (\$25) Renewal Non-Therapist License (\$25)
 Initial Establishment License (\$100) Renewal Establishment License (\$500)

PLEASE BE ADVISED THAT ALL MASSAGE, BODYWORK, AND SOMATIC THERAPY LICENSES ANNUALLY EXPIRE ON DECEMBER 31st. APPROVAL FROM OTHER REGULATORY AGENCIES MAY BE REQUIRED PRIOR TO INITIAL OPERATION OF YOUR ESTABLISHMENT. FURTHER DOCUMENTATION MAY BE REQUIRED BEFORE OBTAINING HEALTH DEPARTMENT APPROVAL.

Establishment's Name and Address: _____

Phone #: _____ Email: _____ Fax: _____

Therapists' Name and Address: _____

Phone #: _____ Email: _____ Fax: _____

Non-Therapist Employees' Name and Address: _____

Phone #: _____ Email: _____ Fax: _____

Owner's Name and Address: _____

Phone #: _____ Email: _____ Fax: _____

Mailing Address (if applicable): _____

Have you ever been found guilty of a crime? Yes No
If yes, then please describe the nature of the crime: _____

Days and Hours of Operation: _____

Description of facility and services: _____

REQUIREMENTS AND RESPONSIBILITIES OF MASSAGE, BODYWORK, AND SOMATIC THERAPY ESTABLISHMENTS

- The offering or performing of any massage, bodywork, or somatic therapies for compensation is hereby banned in the Town of Kearny unless same is properly licensed. This rule shall not apply to properly licensed and operated hospital, medical, osteopathic, chiropractic, and medical-affiliated physical therapy facilities.
- All facilities that are properly licensed under this section shall be prohibited from accepting customers for any service except from Monday through Saturday from 8:00 a.m. until 9:00 p.m.
- Massage, bodywork, or somatic therapist license applicants shall meet the following conditions: 1) Is at least 18 years of age. 2) Is of good moral character. 3) Has not been convicted of any type of crime of the first, second, or third degree that is less than 10 years old. 4) Has not been convicted of any crime of the fourth degree, any offence, quasi criminal offense, or Sanitary Code violation that is less than 10 years old and is of a sexual nature, involves moral turpitude, or relates to the business of massage, bodywork, or somatic therapies. 5) Has obtained a certification as provided under N.J.S.A. 45:11-53 et seq. from the State of New Jersey licensing agency known as the Massage, Bodywork, and Somatic Therapy Examining Committee, a part of the New Jersey Board of Nursing within the State Division of Consumer Affairs. 6) Meets one of the following criteria: a) Successful completion of a minimum of 500 hours in class study in the field of massage, bodywork, and somatic therapies as approved by the Massage, Bodywork, and Somatic Therapy Examining Committee of the New Jersey Board of Nursing; or b) Successful completion of the written examination offered by the National Certification Board of Therapeutic Massage and Bodywork or a substantially equivalent examination approved by the Massage, Bodywork, and Somatic Therapy Examining Committee of the New Jersey Board of Nursing. 7) Submits an application to the Kearny Health Department, with the application to be signed in front of a representative of the Health Department during their hours of operation. The application, among other things, states the address wherein the license is to be used, requires a detailed description of the applicant, revelation of any criminal history within or without the State of New Jersey, fingerprinting by the Kearny Police Department, and prior residence and employment history for at least 10 years. 8) For applicants who reside or have resided outside of the State of New Jersey at any time in the three years preceding the application, they shall be required to provide documentation from a governmental agency in the other state(s) showing results of a fingerprint criminal check in the other state(s), which shall be dated no later than 30 days before the date of the application. 9) Submits two clear full-faced photographs of the applicant taken no more than 30 days before the submission of the application. 10) Submits a certification from a duly licensed physician of the State of New Jersey stating that the physician has examined and tested the applicant and that the applicant is free from contagious and communicable diseases, such examination to occur no later than 30 days before submission of the application. 11) Complies with any other terms of this section or any other applicable State statute or Town ordinance.
- Massage, bodywork, or somatic non-therapist employee license applicants shall meet the following conditions: 1) Is at least 18 years of age. 2) Is of good moral character. 3) Has not been convicted of any type of crime of the first, second, or third degree that is less than 10 years old. 4) Has not been convicted of any crime of the fourth degree, any offence, quasi criminal offense, or Sanitary Code violation that is less than 10 years old and is of a sexual nature, involves moral turpitude, or relates to the business of massage, bodywork, or somatic therapies. 5) Completes and submits an application to the Kearny Health Department, with the application to be signed in front of a representative of the Health Department during their hours of operation. The application, among other things, states the address wherein the license is to be used, requires a detailed description of the applicant, revelation of any criminal history within or without the State of New Jersey, fingerprinting by the Kearny Police Department, and prior residence and employment history for at least 10 years. 6) For applicants who reside or have resided outside of the State of New Jersey at any time in the three years preceding the application, they shall be required to provide documentation from a governmental agency in the other state(s) showing results of a fingerprint criminal check in the other state(s), which shall be dated no later than 30 days before the date of the application. 7) Submits two clear full-faced photographs of the applicant taken no more than 30 days before the submission of the application. 8) Complies with any other terms of this section or any other applicable State statute or Town ordinance.
- Massage, bodywork, or somatic establishment license applicants shall meet the following conditions: 1) Is at least 18 years of age. 2) Is of good moral character. 3) Has not been convicted of any type of crime of the first, second, or third degree that is less than 10 years old. 4) Has not been convicted of any crime of the fourth degree, any offence, quasi-criminal offense, or Sanitary Code violation that is less than 10 years old and is of a sexual nature, involves moral turpitude, or relates to the business of massage, bodywork, or somatic therapies. 5) Completes and submits an application to the Kearny Health Department, with the application to be signed in front of a representative of the Health Department during their hours of operation. The application, among other things, states the address wherein the license is to be used, requires a detailed description of the applicant, revelation of any criminal history within or without the State of New Jersey, fingerprinting by the Kearny Police Department, and prior residence and employment history for at least 10 years. 6) For applicants who reside or have resided outside of the State of New Jersey at any time in the three years preceding the application, they shall be required to provide documentation from a governmental agency in the other state(s) showing results of a fingerprint criminal check in the other state(s), which shall be dated no later than 30 days before the date of the application. 7) Submits two clear full-faced photographs of the applicant taken no more than 30 days before the submission of the application. 8) Completes and submits a written physical description of the property and facilities and written floor plan and interior design showing the layout of the facilities which shall be subject to the approval of the Kearny Board of Health so as to ensure adequate and sanitary facilities. 9) Completes and submits a written acknowledgement that each business owner/applicant has received a copy of this section. 10) Complies with any other terms of this ordinance or any other State statute or Town ordinance.

It is understood that such license is non-transferable, non-refundable, and is granted for the period designated on the license. I attest that all of the information furnished in this Application is true, and that I have read and understand the conditions set forth in Kearny Municipal Code 5-36. I agree to abide by these conditions. Failure to abide by these conditions may result in the revocation of the license and/or summons(es).

Applicant's Name (Print): _____ Signature: _____ Date: _____

OFFICE USE ONLY			
Approving Health Inspector's Initials: _____	Date: _____	Fee: _____	Cash/Check #: _____
License #: _____	Issue Date: _____	Expiration Date: _____	Comments: _____