NEW PROVIDENCE

SETTLED IN 1720

BOARD OF HEALTH

360 Elkwood Ave New Providence, NJ 07974 Phone: (908) 665-2167 Fax: (908) 665-9272

MASSAGE THERAPIST ANNUAL PERMIT APPLICATION

Please make check payable to: <u>Borough of New Providence</u> Fee: \$27.00

A late fee of \$53.00 per month will be charged if not paid by January 31, 2021

Y	οu	Mι	ıct	Pro	vi	de.

- 1. Valid Copy of State of New Jersey Massage and Bodywork Therapist License
- 2. Valid Color Copy of a Government-Issued ID that Includes Picture and Signature (driver's license)

(and a decision)						
ease print <u>clearly</u> and complete in its entirety						
ame:						
Street Address:						
City/State/Zip:						
Email:						
Phone:						
Name of Establishment where Employed:						
Business Owner / Manager:						
Address:						
Email:						
Phone: Fax:						
pplicant's Certification Agreement: I understand that the permit to perform massage erapy is not transferable to any other person than myself and that the information are provided is accurate.	-					
pplicant's Signature Date						

All Permits expire December 31st of the licensing year