



**WILLIAM GALESE  
MAYOR**

**TOWNSHIP OF FAIRFIELD**  
**230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004**  
**PHONE: 973-882-2700, DEPT. EXT. 2501**  
**FAX: 973-882-0365**

**MUNICIPAL CLERK / VITAL STATISTICS**

**ORDINANCE #94-1**

**APPLICATION FOR LICENSES FOR MASSEURS, MASSEUSES, AND  
OTHER SIMILAR PERSONS**

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

Address (for last 5 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

**If Corporation ~**

Name of President: \_\_\_\_\_

Address (for last 5 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Address (for last 5 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

**If Partnership** ~

Name of Partner #1: \_\_\_\_\_

Address (for last 5 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Name of Partner #2: \_\_\_\_\_

Address (for last 5 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Name of Partner #3: \_\_\_\_\_

Address (for last 5 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Address of establishment or premises to be used in the massage business or similar business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of the Applicant's employment or business operated for a period of five (5) years prior to making application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address for all persons/employees who will perform the massage/therapy for the present year and the last five (5) years:

Name and Address (present year): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address (for last 5 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address (present year): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address (for last 5 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address (present year): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address (for last 5 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of any arrests or convictions for misdemeanors and crimes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Include the nature of the offense for which arrested or convicted:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of conviction and place where said conviction was obtained:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This provision shall apply to the applicant as well as any person/employees who will perform the massage/therapy.

Statement of all of applicant's licenses to conduct the business herein described which have been denied, suspended or revoked:

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Statement that the applicant certifies that he/she supplied the information knowing that the Township of Fairfield will rely thereon in issuing a license, and the applicant further agrees to comply with all laws and ordinances of the Township.

I \_\_\_\_\_ do hereby supply all information knowing that the Township of Fairfield will rely thereon in issuing a license, I \_\_\_\_\_ further agree to comply with all laws and ordinances of the Township.

**Annual renewal filing application and \$100.00 fee must be filed not later than sixty (60) days before the license expires. Renewal June 1 of each year.**