



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 New Jersey Board of Massage and Bodywork Therapy
 124 Halsey Street, 6th Floor, P.O. Box 45048
 Newark, New Jersey 07101
 (973) 504-6520

Application to Reinstate a Business License

Business Full Name: _____

Expired Registration Number: _____

Owner/Operator Name: _____

1. Do you currently employ another massage and bodywork therapist at this location? Yes No
2. Do you intend to employ another massage and bodywork therapist at this location? Yes No

Public Address of Record:

Street: _____

City: _____ State: _____ Zip code: _____ County: _____

Telephone number: (____) _____ Email: _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip code: _____ County: _____

Telephone number: (____) _____ Email: _____

Submit a written response to the Board, detailing whether the business has been operational since its expired registration date and explain the types of services that have been provided.

Criminal Background Questions

1. Has the owner/operator ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.)
 Yes No
2. Has the owner/operator ever been convicted of any crime or offense under any circumstances?
 Yes No
3. Has there been a change in the ownership of this shop since the registration expired? Yes No
4. Has there been a change in the location of this facility since registration expired? Yes No

**Payment for business license - \$150 made payable in check or money order to:
 New Jersey Board of Massage and Bodywork Therapy**

Attestation

By making this application to the Board for registration, I certify that the business employs, and will employ in the future, only massage and bodywork therapists who are licensed by the Board to provide massage and bodywork services. I certify that the forgoing statements are true. I am aware that if any of the forgoing statements made by me are willfully false, my business registration may be suspended or revoked.

 Signature

 Date