



Mayor
Chuck Cahn
Township Clerk
Nancy Saffos

MESSAGE BUSINESS OR MASSEUR/MASSEUSE SERVICES

The undersigned hereby makes application for a license to

_____ OPERATE MESSAGE BUSINESS

NAME OF BUSINESS: _____

CORPORATE NAME (if different): _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

Name of Applicant: _____

MAILING ADDRESS: _____

Date of Birth: ____ - ____ - ____ Social Security# ____ - ____ - ____ Phone#: _____

If Applicant Is A Corporation, Please Complete the Following:

President _____ **Address** _____

Date of Birth: ____ - ____ - ____ **Social Security #** ____ - ____ - ____ **Phone#** _____

APPLICANTS FOR A LICENSE TO OPERATE A MESSAGE BUSINESS:

Describe the property and facilities to be used in the operation of the message business:

Describe the applicant's previous experience relating to the message business, including the place, number of years and nature of experience:

APPLICANTS FOR A MASSEUR/MASSEUSE LICENSE:

List names and addresses of each of your employees for the previous three years:

Describe your training and background as a Masseur/Masseuse:

Print Name

Signature

CERTIFICATION SHEET
MASSAGE BUSINESS OR MASSEUR/MASSEUSE SERVICES

CORPORATE SEAL

PRESIDENT

ATTEST: _____
SECRETARY

INDIVIDUAL APPLICANT

FEES: **\$250.00 FOR EACH MASSAGE BUSINESS**

(PLEASE NOTE: All Licenses are assessed a late fee if renewed after January 31st)

FOR OFFICE USE ONLY

Taxes Paid? YES NO

APPROVED DENIED

APPROVED DENIED

Tax Collector

Date

Police Chief

Date

Township Council

Date

FEES: AMOUNT PAID \$ _____

DATE: _____

Tax Exempt? YES NO

Mayor
Chuck Cahn
Township
Clerk
Nancy Saffos

CHERRY HILL POLICE DEPARTMENT

Please Attach a Copy of Valid Driver's License

Please Print

NAME _____ AGE: _____
Last First Middle Maiden

ADDRESS _____
Number Street Town State Zip Code

PREVIOUS ADDRESS _____
Number Street Town State Zip Code

HOME PHONE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

SEX ___M___F RACE _____ HGT _____ WGT _____ EYES _____ HAIR COLOR _____

SOCIAL SECURITY NUMBER _____ OCCUPATION _____

DRIVER'S LICENSE NUMBER _____ STATE _____

Name and Address of Company or Organization by whom you are employed: _____

Phone: _____

Have you ever been convicted of a crime? ___ Yes ___ No ___ If yes, where? _____
Explain: _____

SECURITY CHECK AUTHORIZATION WAIVER

As indicated above, I have applied for non-criminal justice employment licensing, OR, as a volunteer participant in a block parent/helping hand type program. For the purpose of this application, I hereby authorize the release of any criminal history record information criteria for the stated purpose to the Cherry Hill Police Department and The Township of Cherry Hill. Any such information released as a result of this authorization shall be used only for the express purpose of processing the above indicated application.

Signature of Applicant _____ Date: _____

FOR POLICE USE ONLY

APPLICATION FOR: _____

STATE OR FEDERAL STATUTE, RULE OR REGULATION, DESCRIPTION _____

LOCAL ORDINANCE: _____ NON-CRIMINAL _____

APPLICATION RECEIVED BY _____ DATE _____

SECURITY CHECK CONDUCTED

C.H.P.D. RECORDS _____ N.C.I.C. _____ S.C.I.C. _____

LOCAL POLICE JURISDICTION _____ DRIVER'S LICENSE _____

OTHER _____

FOR POLICE CHIEF ONLY

APPROVED _____ DENIED _____

Federal Regulations (Title 28) prohibit the use of Computerized Criminal History inquiries for a purpose other than authorized, therefore, this record check is not necessarily conclusive, and is not intended as an endorsement of the applicant.