

**MESSAGE ESTABLISHMENT  
ANNUAL PERMIT APPLICATION RENEWAL**

Please make check payable to: Borough of New Providence  
In the amount of: \$145.00

\*A late fee of \$53.00 per month will be charged if not paid by January 31, 2026\*

Please print clearly and complete all pages in its entirety.

**This application may only be submitted if you are the same owner as the previous year and had completed an initial application before.  
If you are a new owner, you must submit an initial application.**

The following documents must be submitted with this completed application:

- £ Signed, notarized letter from the company which owns the establishment, authorizing you to act as representative. If you are the company owner, submit a notarized letter stating so.
- £ Photocopy of Applicant's current driver's license.
- £ Photocopy of Owner's current driver's license.
- £ Photocopy of On-Site Manager's current driver's license.

NOTE: All Board of Health Permits expire December 31<sup>st</sup>. Fees will not be prorated based on date of application.

**PLEASE COMPLETE ALL INFORMATION ON THE  
FOLLOWING PAGES**

Please type or print clearly and complete all sections.  
Incomplete applications will automatically be denied.

## Establishment Information

Corporate/Legal

Name of Establishment:

Name if Different than Above:

Address:

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Establishment Email:

Number of Massage Rooms / Stations: \_\_\_\_\_

Describe the nature of Massage(s) to be administered. Use additional sheet if necessary

Describe any additional services that may be offered

## Owner Information \*You MUST Attach Copy of Individual's Current Driver's License\*

Owner's Name:

Owner's Home Street Address:

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City / NJ / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Have you ever been convicted of a Crime: YES

NO

If YES, indicate date(s), location(s) and detailed nature of the offence(s). Use additional sheet if necessary.

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Have you ever been convicted of violating  
A Municipal Ordinance in any town? YES NO

If YES, indicate date(s), location(s) and detailed nature of the offence(s). Use additional sheet if necessary.

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Have you ever been refused / denied a Massage Establishment Permit or any such Permit or had a Permit Revoked?                    YES            NO

If YES, indicate date(s), location(s) and detailed nature of the offence(s). Use additional sheet if necessary.

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**On-Site Manager Information**

\*You MUST Attach Copy of Individual's Current Driver's

License\*

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I do solemnly declare and certify, under the penalties of the law, that the foregoing information is true and correct and that the business conducted will be in accordance with the ordinances of the Borough of New Providence.

I hereby authorize the Health Officer and the Chief of Police of the Borough of New Providence, or their authorized representatives, to seek information and conduct an investigation into the truth of the statements set forth in this application and the

qualifications of the applicant for the permit. I understand that the Health Officer and/or the Chief of Police may require, and I agree to furnish, any other identification and information necessary to discover the truth of the matter hereinbefore specified as required to be set forth in the application.

I further understand that, if the Borough of New Providence issues a Massage Establishment Permit to me, that this permit is not transferable to any other person, company or entity and that the fee paid by me is non-refundable.

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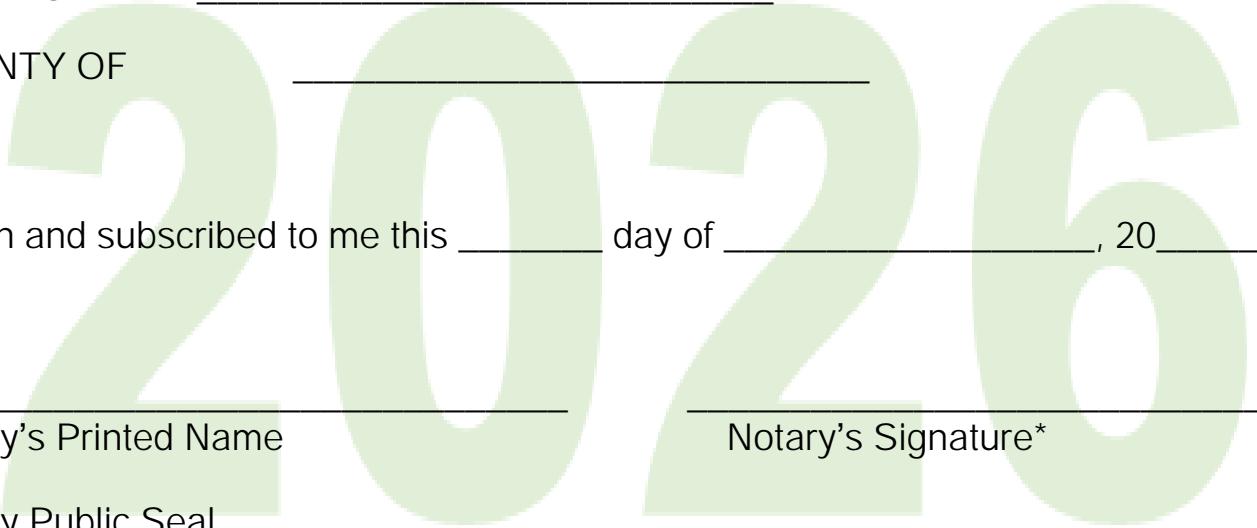
Applicant's Printed Name

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Applicant's Signature\*

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  


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Notary's Printed Name

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Notary's Signature\*

Notary Public Seal

**FOR OFFICE USE ONLY**

The foregoing application is: Approved\_\_\_\_\_ Denied\_\_\_\_\_

If denied, state reason(s):

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Signature of Police Chief

Date

Permit #\_\_\_\_\_ Payment Received:\_\_\_\_\_ Dated \_\_\_\_\_  
Issued:\_\_\_\_\_