

BOROUGH OF  
**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: Borough of New Providence  
Fee: \$28.00

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

**You Must Provide:**

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)

Please print clearly and complete in its entirety

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

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

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

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

Name of Establishment where Employed: \_\_\_\_\_

Business Owner / Manager: \_\_\_\_\_

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

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

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

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**Applicant's Certification Agreement** : I understand that the permit to perform massage therapy is not transferable to any other person than myself and that the information I have provided is accurate.

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\_\_\_\_\_  
Applicant's Signature

Date

\*All Permits expire December 31<sup>st</sup> of the licensing year\*

2026