

APPLICATION FOR MASSAGE THERAPY BUSINESS LICENSE

1. **APPLICANT** - If applicant is partnership, corporation or association, the name and residence address of all persons having any legal or beneficial interest shall be required.

NAME: _____
COMPLETE ADDRESS: _____

LOCATION/ADDRESS OF BUSINESS OR PROPOSED BUSINESS:

BUSINESS TELEPHONE: _____
HOME TELEPHONE: _____

2. **LOCATION AND ZONING**
PRESENT ZONING: _____ **PRESENT USE:** _____
EXISTING NON-CONFORMITIES:

Does location conform to all building, zoning, and fire prevention codes?
YES _____ **NO** _____ **If no, please explain:**

3. **Have you, your company, or associates ever been convicted of any felony, prostitution or any law relative to prostitution?** **YES** _____
NO _____ **If yes, please explain:**

4. **Have you, your company, or associates ever had any license to operate a massage business or to engage in the business or profession of massage granted by any governmental unit revoked?** **YES** _____
NO _____ **If yes, please explain:**

5. **Have you, your company, or associates ever been convicted of any violation concerning the operation of a massage business?** **YES** _____
NO _____ **If yes, please explain:**

6. **Will any other business be operated on the same premises or adjoining premises owned or controlled by applicant:** **YES** _____ **NO** _____
If yes, please explain:

7. **Please list below the names and addresses of any other businesses you, your company, or associates may own:**

I hereby authorize investigation of all statements contained in this application.

Signature

Sworn to and subscribed to me this _____ day of _____, 20____

Notary Public
(seal)

My Commission Expires: _____