



PERMIT APPLICATION  
MESSAGE ESTABLISHMENT

PLEASE PRINT

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Address (Present): \_\_\_\_\_

Address (Previous): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

If applicant is an association or a partnership, list the names and residence addresses of each of the associates or partners:

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

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

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

If applicant is a corporation, list the names and residence addresses of each of the officers and directors of said corporation and of each stockholder owning more than ten percent of the stock of the corporation:

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

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

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

If applicant is an individual, association, partnership or corporation, list occupation or employment of each associate, partner or corporation officer for a three-year period immediately preceding the date of application:

Name and Title Business, Occupation, Employment (Dates)

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Name and Title Business, Occupation, Employment (Dates)



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If one or more of the stockholders owning more than ten percent of the applicant corporation is itself a corporation and owns thirty-three percent of the stock of the applicant corporation, list the names and residence addresses of each of the officers and directors of said corporation and of each stockholder owning more than ten percent of the stock of the corporation:

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

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

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

If applicant is an individual, associate or partner, officer or director in a corporation and stockholder owning more than ten percent of the stock of a corporation, list names and residences of each for three years immediately prior to the submitting of this application:

Name	Dates	Address
	Dates	Address
	Dates	Address
Name	Dates	Address
	Dates	Address
	Dates	Address
Name	Dates	Address
	Dates	Address
	Dates	Address

List the history of the applicant in the operation of a massage establishment. Has any previous massage license or permit ever been denied, suspended or revoked?

Yes    No      If "yes," give the reason for denial, suspension or revocation and business activity subsequent to such action of denial, suspension or revocation and where it occurred:

Do you have or have you ever had a massage license or permit?    Yes    No      If "yes," give details:



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List any Criminal Conviction Record (include date, place, court, and disposition):

Charge	Date	Court	Disposition

Describe facilities and services available on premises, including prices:

Facilities/Services	Prices

Additional Comments (use separate page, if needed):



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I hereby understand that each statement given on this application will be investigated and any inaccurate or untruthful or misleading answer will be cause for denial or revocation of permit.

I hereby certify that all of the foregoing answers are accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commonwealth of \_\_\_\_\_ City/County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

ATTENTION APPLICANT:

Before this application can be processed, it must be NOTARIZED and the following must be provided.

Check List

- Completed application
Copy of birth certificate
Copy of driver's license
Fingerprints
Photograph
Fee Paid (\$50.00)

Office Use Only

Date Received: \_\_\_\_\_
Date Taken: \_\_\_\_\_
Date Taken: \_\_\_\_\_
Paid: \_\_\_\_\_