



**CITY OF WINCHESTER VIRGINIA
POLICE DEPARTMENT**

MESSAGE TECHNICIAN PERMIT APPLICATION

1. Name (Print Clearly)

Last First Middle

Maiden

Indicate if you have ever used another name

2. Current address

Street

City State Zip

3. Previous Address

Street

City State Zip

4. (____) _____
Phone number Social Security Number

5. _____
Date of Birth Place of Birth

6. _____
Height Weight Eyes Hair

7. Massage Establishment you will be working for:

Name Phone Number

Address

8. Do you have or have you ever had a massage license or permit?

Yes _____ No _____ If "yes" give details:

9. Have you had previous massage license(s) or permit(s) ever denied, suspended or revoked? Yes _____ No _____ If "yes" give reason for denial, suspension or revocation and business activity subsequent to such action of denial, suspension or revocation. Where and when did this occur?

10. List all Criminal Conviction(s):

<i>Charge</i>	<i>Date</i>	<i>Jurisdiction of Offense</i>	<i>Disposition</i>
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11. ANY ADDITIONAL COMMENTS: (Use separate sheet, if needed)

****ATTENTION****

Application must be signed in front of a Notary. A Notary is available at the Winchester Police Department. In addition to this application you will need to bring your original Birth Certificate, original Board of Nursing License and Driver's License.

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.

Date

Signature of Applicant

Commonwealth of _____

City/County of _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

_____, _____
Commission Expires

FOR OFFICE USE ONLY:

	Date Received
Application	
Copy of Birth Certificate	
Copy of Board Of Nursing License	
Copy of Driver's License	
Fingerprints	
Photograph	
Fee - \$25.00	