

Massage Establishment

Business Name:

Nature of Business:

Proposed Massage Facility Address:

Applicant

Massage Facility Owner Legal Name:

Residential Address:

City: State: Zip Code:

Phone: Email:

Property Owners *Same as Applicant*

Name:

Address:

City: State: Zip Code:

Phone: Email:

LIST OF SERVICES OFFERED

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MESSAGE THERAPIST INFORMATION *(MUST INCLUDE ANY PERONS PROVIDING TREATMENTS)*

Full Name License No. Full Name License No.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If number of therapists exceed space allowed, include a separate sheet with printed names and license numbers.

DISCLAIMER

I hereby certify that the information preseted within this document is true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this document may result in my application being delayed or not approved by the City. This is required under Chapter 1314 of the Building and Housing Code.