

**MESSAGE ESTABLISHMENT
CHAPTER 12 - ARTICLE IV**

Name: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Address: _____

Address of Premises to be used for operation: _____

The following items must be provided:

1. Written proof that the individual or partnership applicant is 18 years of age or older.
2. Individual or partnership applicant's height, weight, eye color, hair color and sex.
3. Two portrait photographs at least 2" x 2" of each individual or partnership applicant.
4. Businesses, occupations or employments of the individual or partnership applicant for the 3 years immediately preceding the date of the application (if applicable):

5. Any convictions of each individual or partnership applicant for violations of criminal statutes or ordinance other than minor traffic violations and lawful pardons or rehabilitative activities related thereto: _____
6. Written proof of training and experience in the field of massage (License).
7. If applicant is a corporation, a copy of the Certificate of Incorporation as issued by the Secretary of State, or from any other state in which incorporated; and a copy of the Articles of Incorporation.

I do hereby acknowledge that I have read and fully understand and agree to comply with all provisions of the Municipal Code relating to Massage Establishments. If in the event I am not in compliance with these provisions and conditions, at such time the City may revoke my business license.

Signature of Applicant

Date

Name Printed