



Massage Clinic Permit Renewal Application

Business Information

Provide information about the massage clinic for which you are making application.

Business Name:	Current Permit Number:	
Business Street Address:		
City:	State:	Zip Code:
Massage Clinic Street Address:		
City:	State:	Zip Code:
Business Telephone Number:		

Applicant Identifying Information

Last Name:		First Name:	
Middle Name:			
Other Names Used (include maiden):			
Home Street Address:			
City:	State:	Zip Code:	
Sex:	Height:	Weight:	Hair Color: Eye Color:
Date of Birth:	Age:		
Social Security Number:			
Phone Number:			

Criminal History

Provide all arrests and / or criminal convictions of the applicant and, if applicable, the applicant's owners, officers, directors, partners and managers.

Have you or any applicant owner, officer, director, partner or manager ever been arrested or convicted of a criminal offense:

NO YES

[If you answered "YES", provide the following information]

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Criminal History (continued)

Name of person convicted: Offense Location: (City / State) Date of Arrest: Criminal Charge(s): Convicted: YES NO Sentence Imposed:	Date of Birth:	Social Security Number:
Name of person convicted: Offense Location: (City / State) Date of Arrest: Criminal Charge(s): Convicted: YES NO Sentence Imposed:	Date of Birth:	Social Security Number:
Name of person convicted: Offense Location: (City / State) Date of Arrest: Criminal Charge(s): Convicted: YES NO Sentence Imposed:	Date of Birth:	Social Security Number:

If the person arrested and / or convicted was someone other than the applicant, provide the persons relationship to the applicant (applicant's owner, officer, director, partner or manager):

Name:	
Relationship to Applicant:	
Name:	
Relationship to Applicant:	
Name:	
Relationship to Applicant:	

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Applicant Photograph

All applicants are required to provide a portrait photograph, which gives a clear view of the face.

Attach a current photograph here.



Applicant Signature and Certification

I affirm that the information provided in this application, including all attachments, is true and correct. I understand that a material omission or misstatement of fact in this permit application is grounds for denial, suspension or revocation of a massage therapist permit.

Applicant Signature: _____

Date: ____/____/____
MM DD YYYY

Attachment:

_____ **Written authorization for release of information (3)**



**City Of Colonial Heights, VA.
Police Department**

Authorization for Release Information

As an applicant for a Massage Clinic or Massage Therapist permit from the City of Colonial Heights, Virginia, I am required to furnish information for use in the determination of my qualifications and eligibility for the said permit.

I authorize the release of any and all information of a confidential or privileged nature to the City of Colonial Heights and its employees/agents, in connection with my application for a Massage Clinic or Massage Therapist Permit. Furthermore, I consent to a criminal background check, to be conducted by the Colonial Heights Police Department.

I hereby release you, your organization and others from liability or damage, which may result from furnishing the information requested.

I, the undersigned, have read and understand this release

Applicant Signature _____ Date _____

The foregoing was subscribed before me, the undersigned Notary Public in and for the City of Colonial Heights, Virginia, on this _____ day of _____, 20 __, by _____.
(Printed name of applicant)

Notary Public

My commission expires _____.