



Massage Therapist Permit Renewal Application

Business Information

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

Business Name:	Current Permit Number:	
Business Street Address:	State:	Zip Code:
City:	State:	Zip Code:
Massage Therapist Street Address:	State:	Zip Code:
City:	State:	Zip Code:
Business Telephone Number:		
Phone 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 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:	Date of Birth:	Social Security Number:
Offense Location: (City / State)		
Date of Arrest:		
Criminal Charge(s):		
Convicted: YES NO		
Sentence Imposed:		
Name of person convicted:	Date of Birth:	Social Security Number:
Offense Location: (City / State)		
Date of Arrest:		
Criminal Charge(s):		
Convicted: YES NO		
Sentence Imposed:		

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 _____.