



Massage Establishment Permit Application

Instructions: Please complete all sections of this application and pay the required fee prior to the review of this application. The Applicant shall provide full answers to all questions under oath. The Christiansburg Town Code; Chapter 12, Business Regulations; Article III Massage Establishments is required to be read prior to completing this application.

Section 1: Establishment Information

Establishment Name *(provide name under which the establishment will operate)*

Location of Proposed Establishment

Mailing Address of Proposed Establishment *(if different than above)*

Facilities and Services *(include description all facilities and services to be provided on the premises)*



Section 2: Applicant Information

Please note for the purposes of this section

- (a) If the applicant is a privately-held corporation or company, it must supply the information for each officer and each director; or
- (b) If the applicant is a publicly-held corporation, it must supply the information for the officer or agent who will have responsibility for the daily operations of the establishment; or
- (c) If the applicant is a partnership, it must supply the information for each partner.

Applicant Name *(please read 'Applicant Name Description below to ensure answered completely and in full)*

Town Business License Number (if applicable) _____

Yes No Do you currently hold or have previously held a permit or license to operate a massage establishment or to administer massages anywhere in Virginia or any other state?

If Yes to the above question, please provide the following:

License or permit number _____

Identity of the issuing authority _____

Has such permit been revoked or suspended *(Yes or No)* _____

If Yes, provide reasons

Yes No Do you have a criminal record, if any, other than minor traffic violations or traffic infractions?

Yes No Do you agree to sign a consent form if requested by the Town as part of this application review to allow the Town to obtain a search of the Central Criminal Records Exchange?

Applicant Name Description: *The applicant's full name, names by which the applicant previously was known, incorporation or organization, and current residential and business addresses and telephone numbers, as applicable.[Town Code Section 12-52(a)(4)]*



Section 3: Operator or Manager Information

Operator or Manager Name _____

Yes No Is the operator or manager of the massage establishment the applicant?
If the answer to the above question is "No", provide the information below.

Yes No Do you currently hold or have previously held a permit or license to operate a massage establishment or to administer massages anywhere in Virginia or any other state?

If Yes to the above question, please provide the following:

License or permit number _____

Identity of the issuing authority _____

Has such permit been revoked or suspended (*Yes or No*) _____

If Yes, provide reasons

Yes No Do you have a criminal record, if any, other than minor traffic violations or traffic infractions?

Yes No Do you agree to sign a consent form if requested by the Town as part of this application review to allow the Town to obtain a search of the Central Criminal Records Exchange?



Section 4: Signatures

Affidavit of Applicant (and Operator or Manager if applicable)

I certify that the information contained in this Application for a Town Massage Establishment Permit is true and correct to the best of my knowledge and that I understand and agree to abide by all regulations, provisions and rules governing Massage Establishment as set forth by the Town of Christiansburg. I agree to make payment of a \$25 fee with this application

Name of Applicant: _____ Title: _____

Signature of Applicant: _____ Date: _____

Name of Operator or Manager: _____

Signature of Operator or Manager: _____ Date: _____

This Massage Establishment Permit was approved by the Police Chief and Town Manager contingent upon demonstrated compliance with the requirements of the Christiansburg Town Code; Chapter 12; Article III and any other applicable Town Code section, state or federal regulations.

Police Chief Signature: _____ Date: _____

Town Manager Signature: _____ Date: _____