

SPOTSYLVANIA COUNTY MESSAGE THERAPIST PERMIT APPLICATION

| | | | | | | | | | | | |
|---------------------------------|-----|-----|----------------|--|--|-------------------|-----|-----------|--|------------|-----|
| NAME: Last | | | First | | | Middle | | | ___ Original Permit ___ Renewal Permit | | |
| Alias / Nicknames / Maiden Name | | | | | | Social Security # | | | Home Telephone | | |
| Address | | | | | | City | | | State and Zip Code | | |
| Last Previous Address | | | | | | City | | | State and Zip Code | | |
| Race | Sex | DOB | Place of Birth | | | Ht. | Wt. | Eyes | Hair | Complexion | Age |
| Name of Massage Establishment | | | | | | | | Telephone | | | |
| Address of Establishment | | | | | | | | | | | |
| Last Previous Employer | | | | | | | | Telephone | | | |
| Address | | | | | | | | | | | |
| Current Email Address | | | | | | | | | | | |

Names and addresses of any and all previous massage establishments where you have been employed as a massage technician within past three (3) years.

| Dates of Employment | Names of Establishments | Address |
|---------------------|-------------------------|---------|
| | | |
| | | |
| | | |

Have you ever been convicted, plead Nolo Contendere or a forfeiture on a charge of violating any provision of 18.2-346, 18.2-347 through 18.2-349, 18.2-355 through 18.2-358, 18.2-361, 18.2-368, 18.2-370, 18.2-370.1, 18.2-371, 18.2-386.1 or 18.387 of the Code of Virginia, which laws relate to sexual offenses, or any provision of an ordinance of the County or a law or ordinance of any other jurisdiction which prohibits the same conduct, within the past ten (10) years? ___ No ___ Yes If Yes, give details below:

| Date | Offense | Location | Disposition |
|------|---------|----------|-------------|
| | | | |
| | | | |
| | | | |

Do you now hold, or have you previously held, a permit or license to offer or administer massages anywhere in Virginia or in any other locality? ___ No ___ Yes If the applicant holds or has previously held any such permit or license, the applicant shall provide the license or permit number below, and whether any license or permit has been revoked, and if so, the circumstances of such revocation.

If yes, permit or license number _____, city/county/state where issued _____

Has permit or license ever been revoked? ___ No ___ Yes If Yes, circumstances of revocation: _____

Each holder of a massage therapist permit shall report to the County Attorney any change in any of the information required in subsection (a) of this section, such report to be made within fourteen (14) days of learning of the change. Failure to report a change after learning of it shall be grounds for revocation of the permit.

I swear (affirm) that all of the above information is true and correct to the best of my knowledge.

I understand that it is unlawful for any person to make a false statement on this application and discovery of a false statement shall constitute grounds for denial of an application or revocation of a permit.

Signature of Applicant

Sworn before me this _____ day of _____ 20__.

(Notary Public)

My Commission Expires _____

FOR OFFICE USE ONLY

FEE \$ _____ PERMIT NO. _____

APPROVED _____ DISAPPROVED _____

DATE _____

REMARKS: _____

| ROUTING LIST | COMPLETED | DATE | INITIALS |
|--------------------------|-----------|------|----------|
| APPLICATION ISSUED | | | |
| APPLICATION RECEIVED | | | |
| \$50.00 LICENSE FEE PAID | | | |
| FINGERPRINTS | | | |
| PHOTOGRAPHS | | | |
| RECORDS CHECK | | | |
| LICENSE ISSUED | | | |
| LICENSE REVOKED | | | |
| APPEAL | | | |