

**SPOTSYLVANIA COUNTY**  
**MASSAGE ESTABLISHMENT APPLICATION**

(1) What facilities and/or services will be available on the premises of the proposed establishment?

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(2) The location, mailing address, e-mail address, and phone number of proposed massage establishment.

<b>NAME OF ESTABLISHMENT</b>	
<b>MAILING ADDRESS</b>	
<b>E-MAIL ADDRESS</b>	
<b>PHONE NUMBER</b>	

(3) The name and residence address of applicant. If applicant is an association or partnership, the names and residence addresses of each of the associates or partners. If the applicant is a corporation, the names and residence addresses of each of the officers and directors of said corporation and of each Stockholder owning more than ten percent (10%) of the stock of the corporation.

<b>NAME OF APPLICANT</b>	<b>RESIDENCE ADDRESS</b>

(4) If applicant is an individual, all other residences of the applicant for the three (3) year period immediately prior to the application: If the applicant is an association or partnership, the names and residence of each associate partner for the three (3) year period immediately prior to the application. If the applicant is a corporation, all of the residences for a three (3) year period of each of the officers and directors of said corporation.

<b>APPLICANT</b>	<b>RESIDENCE ADDRESS</b>	<b>DATES</b>

(5) If the applicant is an individual, written proof that the applicant is eighteen (18) years of age or older. If the applicant is a partnership, written proof that each partner is eighteen (18) years of age or older. If the applicant is a corporation, written proof that each of the officers and directors of said corporation is eighteen (18) years of age or older.

- (6) A complete set of fingerprints, if the applicant is an individual, or of each partner, if the applicant is a partnership, or of each officer and director, if the applicant is a corporation. The fingerprints shall be taken by the Sheriff's Department, or his agent.
- (7) If the applicant is an individual, the business, occupation, or employment of the applicant for the three (3) year period immediately prior to the date of the application. If the applicant is a partnership or corporation, the business occupation or employment of each partner, officer or director the three (3) year period immediately prior to the date of the application.

APPLICANT	OCCUPATION	ADDRESS	DATES

- (8) The history of the applicant in the operation of massage establishments or similar business or occupation, including but not limited to, whether or not such person, in previously operating in this or another city or state under permit, has had such permit revoked or suspended and the reason therefor, and the business activity or occupation subsequent to such action of suspension or revocation.

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- (9) The criminal record, if any, other than misdemeanor traffic violations, of the applicant, or of any associate or partner of the association or partnership, if the applicant is an association or partnership, or of any officer or director of the corporation, if the applicant is a corporation.

APPLICANT	OFFENSE	DATE

- (10) The name of the operator or manager of the massage establishment. If the owner or manager of the massage establishment is not an applicant, then the operator or manager must provide the information required in this section relative to the applicant.

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I swear and confirm 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: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

FEE \$ \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_

<b>ROUTING LIST</b>	<b>COMPLETED</b>	<b>DATE</b>	<b>INITIALS</b>
APPLICATION ISSUED			
APPLICATION RECEIVED			
\$75.00 LICENSE FEE PAID			
FINGERPRINTS			
PHOTOGRAPHS			
RECORDS CHECK			
LICENSE ISSUED			
LICENSE REVOKED			
APPEAL			