
(Date)

NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE: _____

As an applicant for a massage establishment and/or massage therapist permit, I authorize the Spotsylvania County Sheriff's Department to fingerprint, photograph and conduct a background investigation as required by the Code of the County of Spotsylvania. The intent of this authorization is to give the Sheriff's Department full and complete access to records of complaint, arrests, and/or convictions for violations of the law, including criminal and traffic records. False, fraudulent or misleading material statements of fact on the application would be grounds for denial of license.

APPLICANT (PRINT NAME)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SIGNATURE OF APPLICANT

COMMONWEALTH OF VIRGINIA

CITY/COUNTY OF _____, TO-WIT:

SUBSCRIBED AND SWORN BEFORE ME THIS THE _____ DAY OF _____, 20__.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____