

Massage Establishment Information

ESTABLISHMENT:

Name Under Which Establishment Will Operate _____

Street Address of Establishment _____

City _____ State _____ Zip Code _____

Telephone # _____ Fax _____

Email _____

of Therapists employed: _____

OWNERSHIP INFORMATION: Owner or proprietor must complete and authorize a criminal background check.

This applicant is a:

- Sole Proprietorship Privately Held Company
 Partnership Publicly Held Company

Provide information below as follows:

Sole Proprietorship—owner Partnership—each partner
 Privately Held Company—corporate officers and directors
 Publicly Held Company—party responsible for daily operations

Last Name _____ First Name _____ Middle Name _____

Title _____

Home Address _____

Business Address _____

Telephone # _____ Fax _____

Email _____

Last Name _____ First Name _____ Middle Name _____

Title _____

Home Address _____

Business Address _____

Telephone # _____ Fax _____

Email _____

ON-SITE MANAGER INFORMATION:

On-site manager must complete the information below and authorize a criminal background check.

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Country of Birth _____

Telephone # _____ Email _____

Address (street) _____

City _____ State _____ Zip Code _____

Gender: Male Female Height: _____ Weight: _____

Eyes: _____ Hair: _____ Race: _____

Social Security Number: _____

Have you ever been known by any other name or legally changed your name? Yes No

If yes, explain: _____

(attach additional page if more room is needed)

LLC OR CORPORATION INFORMATION:

Corporate/Company Headquarters Information (*does not apply to sole proprietorship or partnership*)

Corporate/LLC Name _____

Address (street) _____

City _____ State _____ Zip Code _____

Corporate/LLC Contact _____

Title _____

Telephone # _____ Fax _____

Email _____

State and Date of Filing _____

Please list below each massage establishment you own or operate within the Town of Herndon/Fairfax County:

Name of Establishment
Street Address of Establishment
City State Zip Code
Telephone #

Name of Establishment
Street Address of Establishment
City State Zip Code
Telephone #

Name of Establishment
Street Address of Establishment
City State Zip Code
Telephone #

Name of Establishment
Street Address of Establishment
City State Zip Code
Telephone #

ALL APPLICANTS MUST READ AND SIGN

Providing your Social Security Number and Driver License Number on this Form:

Disclosure of your Social Security Number and Driver License Number on this form is voluntary. These numbers are used as a means of identification of individuals, and are used to facilitate differentiation between individuals with other similar identifying information. Social Security Number and Driver License Number are regarded as confidential licensing information, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose. If you do not disclose this information, you may encounter delays in the processing of your license or permit application and you may not receive your license or permit in a timely manner due to a delay in positive identification of your background check results.

Applicant's Validation Statement:

By my signature, I certify that all statements made by me on this application are true to the best of my knowledge. I understand that if I have made an untrue statement on this application, or omitted or withheld material facts related to my background or prior license history, that my application will be denied and that I may be subject to criminal prosecution.

 Applicant's Signature

Date: _____

Notary:

Sworn and subscribed before me in the County/City of _____ on this _____ day of _____, _____.

 Notary Public Signature

 Commission Expires (date)

FOR OFFICIAL USE ONLY:

Approved Disapproved

 Signature

 Date

 Title

Consent to Release of Criminal Record Information

I, _____, do hereby consent to a search of the Central Criminal Records Exchange for any records relating to me. I consent to full disclosure of the results of such search to an authorized staff member of the Town of Herndon.

I give this consent and authorization in order to provide the Town of Herndon with full ability to ascertain either the nonexistence or the contents of any criminal records relating to me, as directed by the Herndon Town Code, for the purpose of the Town of Herndon's consideration of my application for a license or permit.

Signature

Street Address

City State Zip Code

Date of Birth: _____

Social Security Number*: _____

Notary:

Sworn and subscribed before me in the County/City of _____ on this
_____ day of _____, _____.

Notary Public Signature

Commission Expires (date)

*Disclosure of your Social Security Number (SSN) will allow a more accurate check of criminal records and will decrease the likelihood of a false match. Your SSN will be disclosed only to law enforcement agencies to determine your fitness for a license or permit. Disclosure of your SSN is voluntary. If you refuse to disclose your SSN, the Town will not deny the permit on those grounds. In the event you refuse to disclose your SSN, the Town reserves the right to request additional information to conduct a thorough criminal records check.