



MESSAGE ESTABLISHMENT LICENSE APPLICATION

I. APPLICANT INFORMATION:

Applicant's full legal name: _____

Applicant's home address: _____

Applicant's home phone number: _____

Applicant's Email address: _____

The Applicant is Owner Manager of the massage establishment. (Check all that apply)

Will you personally provide massage services at the business? Yes _____; No _____

All Applicant's nicknames or other names used presently or in the past:

II. GENERAL:

Name of Massage Establishment: _____

Address of the place of business and facilities where services will take place:

Phone number of Establishment: _____

Email address of place Establishment: _____

Website address of Massage Establishment: _____

Describe in detail the exact nature of the massage, bath, or treatment to be administered:

III. SUPPLEMENTAL INFORMATION:

Provide information for the following on a separate sheet:

- A. The previous address(s) of the Applicant for a period of three years immediately prior to the date of the application and the dates the Applicant resided in each of these previous residences;
- B. The names, street addresses, and phone numbers of any massage establishment or any other business involving massage, relaxation, or other related business by which the Applicant has been employed within the past ten years, and the dates of employment;
- C. The name, street address and phone number of any other massage business owned, operated or managed by the Applicant within the past ten years;
- D. Whether the Applicant has ever had a license, certificate, permit, or other authorization to engage in the practice of massage or related business. If so, provide copies of each.
- E. Whether the Applicant has previously applied to the City of Kettering for a Massage Establishment License and the date of the application and every name(s) under which the application was made;
- F. Any criminal conviction on the record of the Applicant for criminal offenses, other than traffic violations, within five (5) years preceding the date of the application;
- G. Whether the Applicant owned or was employed by a massage establishment or other business engaged in the practice of massage that was suspended or revoked within the ten years preceding the date of this application, the dates and reasons for any such suspensions or revocations, and the name and location of the jurisdiction or agency that suspended or revoked such license, certificate, permit or other authorization;
- H. Whether the Applicant, including Applicant as a member of a corporation, business, or partnership, has ever operated or been employed at any business that has been the subject of a nuisance abatement proceeding or any similar laws in other jurisdictions. If the Applicant has previously worked at such a business, provide the name and address of the business, the dates on which the Applicant was employed at such business, the name and location of the court in which the nuisance abatement action occurred, the applicable case number, and the outcome of the nuisance abatement action;
- I. If the Applicant is a partnership, provide the names and street addresses of each general and limited partner;

- J. If one or more partners is a corporation, the name of the corporation shall be set forth exactly as shown in its articles of incorporation or charter, together with the state and date of incorporation, and the full legal names and street addresses of each of its current officers and directors;
- K. The name, street address and phone number of the owner or landlord and the lease holder of the proposed premises where the massage services shall take place;
- L. If Applicant does not intend to personally provide Massage at the Massage Establishment, then Applicant must provide the names of all employees, known at the time of application, who will practice Massage therapy at the Massage Establishment along with a statement under penalty of perjury that each of these employees have license(s) to practice massage therapy from the State Medical Board of Ohio
- M. Such other information as may be deemed necessary by the Director of Planning and Development or his/her designee.

IV. DOCUMENTATION:

Applicants shall submit all the following information at the time of their application in addition to the application:

- A. A copy of an acceptable form of picture identification such as a driver's license or state identification card;
- B. Two recent identical color photographs of the Applicant (similar to passport photographs);
- C. Documentation to prove that the Applicant has a lawful right to work in the United States;
- D. FBI and BCI criminal background check. Either completed as part of a current Massage Therapist License issued by the State Medical Board of Ohio or through the Kettering Police Department within the past three (3) months.
- E. Copies of the license(s) to practice massage therapy from the State Medical Board of Ohio of all employees to perform massage at the massage establishment;
- F. Applicant's license to practice massage therapy from the State Medical Board of Ohio for photocopying;
- G. Such other information as may be deemed necessary by the Director of Planning and Development or his/her designee.

V. CERTIFICATION:

I, _____, under penalty of perjury hereby state that I will not personally give Massages at the Massage Establishment unless I hold a City of Kettering Massage Therapist license; and

Under penalty of perjury I have not made any false, misleading, or fraudulent statements or omissions of fact in his/her application or any other documents required by the City of Kettering to be submitted with the application; and

I hereby acknowledge that any information contained within the application that may change during the License period will be provided to the City of Kettering within five (5) days of the change to maintain current records; and

I hereby give authorization for the City of Kettering, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in the application and into the my background; and

I agree to permit the City of Kettering Director of Planning and Development or his or her designee to conduct inspections of the Massage Establishment to determine compliance with Chapter 711 and other applicable state and local laws at any time the Massage Establishment is occupied or open for business.

I acknowledge it is unlawful for any person to operate a Massage Establishment in the City of Kettering without an approved Massage Establishment License; and

I hereby acknowledge that I have received a copy of and fully read Chapter 711 Massage Establishments and Services, of the Kettering Codified Ordinances; and

I hereby state I have not violated any provision of Chapter 711 Massage Establishments and Services, of the Kettering Codified Ordinances.

APPLICANT

State of Ohio) SS:
County of Montgomery)

Sworn to and subscribed in my presence on the _____ day of _____, 20____,

By _____, as his/her voluntary act and deed.

NOTARY PUBLIC

My Commission Expires