



CITY OF KETTERING

Planning and Development Department

MASSAGE SERVICES LICENSE APPLICATION

I. APPLICANT INFORMATION:

Applicant's full legal name: _____

Applicant's home address: _____

Applicant's home phone number: _____

Applicant's Email address: _____

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

II. GENERAL:

Name of the Massage Establishment where you will be providing massage therapy:

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

Phone number of establishment: _____

Email address of establishment: _____

Website address of Massage Establishment: _____

Describe in detail the exact nature of the massage to be administered:

III. DOCUMENTATION:

Applicants shall submit all of 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. 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;
- D. A copy of the Applicant's license to practice massage from the State Medical Board of Ohio;
- E. Such other information as may be deemed necessary by the Director of Planning and Development or his/her designee.

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

(For a renewal license only) 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