



DEVELOPMENT DEPARTMENT

REGISTRATION CERTIFICATE FOR A MESSAGE ESTABLISHMENT/MOBILE MESSAGE

DEVELOPMENT DEPARTMENT

20 E. Central Avenue  
Miamisburg, OH 45342  
t. (937) 847-6532  
f. (937) 847-6662

APPLICATION FORM

FEE: \$100 - REQUIRED AT TIME OF SUBMISSION

DATE \_\_\_\_\_ AUDITOR'S PARCEL # \_\_\_\_\_ REGISTRATION # \_\_\_\_\_  
*(Office use only)*

PROPOSED MESSAGE ESTABLISHMENT ADDRESS \_\_\_\_\_

APPLICANT

MESSAGE ESTABLISHMENT OWNER LEGAL NAME \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

PROPERTY OWNER  SAME AS APPLICANT

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

LIST OF SERVICES OFFERED

MESSAGE THERAPIST INFORMATION

(MUST INCLUDE ANY PERSON PROVIDING TREATMENTS)

FULL NAME	LICENSE NO.	FULL NAME	LICENSE NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If number of therapists exceeds space allowed, include a separate sheet with printed names and license numbers.

**Development / Planning / Inspection Departments**

20 E. Central Ave. • Miamisburg, Ohio 45342  
937-847-6532 • FAX 937-847-6662



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I hereby certify that the information presented within this application form is true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the City.  
This application is required by Chapter 876 of the Business Regulation Code.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

Actions, comments, and conditions, if any:

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DENIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

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