

CITY OF SALEM

MESSAGE TECHNICIAN PERMIT APPLICATION

NAME: Last			First			Middle			Original Permit		Renewal Permit	
Alias / Nicknames / Maiden Name						Social Security #			Home Telephone			
Address						City			State and Zip Code			
Last Previous Address						City			State and Zip Code			
Race	Sex	DOB	Place of Birth			Ht.	Wt.	Eyes	Hair	Complexion	Age	
Name of Massage Establishment									Telephone			
Address of Establishment												
Last Previous Employer									Telephone			
Address												
Current Email Address												
Are you a Virginia Board of Nursing licensed massage therapist? No Yes												
Virginia Board of Nursing License Number (Attach copy of License):												
VIRGINIA BOARD OF NURSING LICENSED MESSAGE THERAPISTS ARE NOT REQUIRED TO COMPLETE THE REMINDER OF THIS FORM OR PAY THE CORRESPONDING PERMIT FEE.												

Names and addresses of any and all previous massage establishments where you have been employed as a massage technician within past three (3) years. Attach another sheet if necessary.

Dates of Employment	Names of Establishments	Address

Have you ever been convicted, plead Nolo Contendere or a forfeiture on a charge of violating any provision of 18.2-346, 18.2-347 through 18.2-349, 18.2-355 through 18.2-358, 18.2-361, 18.2-368, 18.2-370, 18.2-370.1, 18.2-371, 18.2-386.1 or 18.387 of the Code of Virginia, which laws relate to sexual offenses, or any provision of an ordinance of the City or a law or ordinance of any other jurisdiction which prohibits the same conduct, within the past ten (10) years? No Yes If Yes, give details below: Attach another sheet if necessary.

Date	Offense	Location	Disposition

Do you now hold, or have you previously held, a permit or license to offer or administer massages anywhere in Virginia or in any other locality? No Yes If the applicant holds or has previously held any such permit or license, the applicant shall provide the license or permit number below, and whether any license or permit has been revoked, and if so, the circumstances of such revocation.

If yes, permit or license number _____, county/city/state where issued _____

Has permit or license ever been revoked? No Yes If Yes, circumstances of revocation: _____

Each holder of a massage technician permit shall report to the City of Salem Police Department any change in any of the information required in subsection (a) of this section, such report to be made within fourteen (14) days of learning of the change. Failure to report a change after learning of it shall be grounds for revocation of the permit.

I swear (affirm) that all of the above information is true and correct to the best of my knowledge.

I understand that it is unlawful for any person to make a false statement on this application and discovery of a false statement shall constitute grounds for denial of an application or revocation of a permit.

Signature of Applicant

Sworn before me this _____ day of _____ 20____.

(Notary Public)

My Commission Expires _____

FOR OFFICE USE ONLY

FEE \$ _____ PERMIT NO. _____

APPROVED _____ DISAPPROVED _____

DATE _____

REMARKS: _____

ROUTING LIST	COMPLETED	DATE	INITIALS
APPLICATION ISSUED			
APPLICATION RECEIVED			
\$50.00 LICENSE FEE PAID			
FINGERPRINTS			
PHOTOGRAPHS			
RECORDS CHECK			
LICENSE ISSUED			
LICENSE REVOKED			
APPEAL			