



CITY OF FALLS CHURCH POLICE DEPARTMENT

MASSAGE ESTABLISHMENT PERMIT APPLICATION

Streamlined application process: If you currently hold a valid City of Falls Church massage therapist permit you may supply, in lieu of the information required in the applicant section, your name and massage permit number. Additionally, write a statement that either: 1. No changes have occurred since you completed the application for the massage therapist permit, or 2. Changes have occurred and then list the changes.

Today's Date

☐

New Permit

☐

Renewal

Applicant's e-mail address:

Description of your facility and services that will be available on the premises

Name of establishment:

Address of establishment:

Applicant's full name:

Applicant's date and place of birth:

Applicant's address:

Applicant's phone number:

Sole proprietor

☐

Yes

☐

No

Incorporated

☐

Yes

☐

No

If yes-Federal ID #:

If you are a privately held corporation or company, you must provide the information for the corporation or company, each officer and each director. If you are a publicly held corporation, you must supply the information for the corporation and the officer or agent who will have responsibility for the daily operations of the establishment. If you are a partnership, you must supply the information for the partnership and each partner. Please use space below.

If you answer yes to any of these permit questions, please provide the license or permit number, the identity of the issuing authority and whether such permit or license has ever been revoked or suspended and the reason therefore.

Do you currently hold a massage therapy permit in Virginia or any other state?

☐

Yes

☐

No

If yes,

Have you ever held a massage therapy permit in Virginia or any other state?

☐

Yes

☐

No

If yes,

Have you ever or do you currently own or operate a massage establishment in Virginia or any other state?

☐

Yes

☐

No

If yes,

Have you ever been convicted, pled Nolo Contendere or suffered a forfeiture on any felony charge or on a charge of violating any provision included in Virginia State Code: 18.2-344-18.2-361; 18.2-365-18.2-387, 390 or 391, which laws relate to sexual offenses or on a similar charge in any other jurisdiction? ☐ Yes ☐ No

Date		Offense:		Location:		Disposition:	
Date		Offense:		Location:		Disposition:	
Date		Offense:		Location:		Disposition:	

Have you obtained a City of Falls Church business license? ☐ Yes ☐ No (If Yes, please include a copy of the license)

Have you obtained a City of Falls Church occupancy permit ? ☐ Yes ☐ No (If Yes, please include a copy of the license)

If the operator or manager of the massage establishment is not the applicant, then the operator or manager must provide the information required of the applicant.

Operator's full name: _____

Operator's address: _____

Operator's date and place of birth: _____ Operator's phone number: _____

Has your place of business had any building code violations in the last 12 months ☐ Yes ☐ No

If yes, please list here: _____

Has your place business had any health code violations in the last 12 months ☐ Yes ☐ No

If yes, please list here: _____

AFFIDAVIT FOR RELEASE OF INFORMATION

I hereby give consent and authorize the City of Falls Church Police Department to search the files of the Central Criminal Records Exchange and report the results of such search to the agent or individual authorized in this document to receive same. I swear (affirm) that all of the above information in this application 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: _____

In the City/County of: _____

Sworn before me this date : _____

Signature of Notary: _____

My commission expires on: _____