

MESSAGE AS AN ACCESSORY USE APPLICATION

This Application is for (check one)

- ☐ New Permit
☐ Annual Renewal

Business Name: _____

Business Address: _____

Telephone number and email: _____

(If applying for more than one location, list all business names, addresses and telephone numbers)

Please list the names, residence addresses, and telephone numbers of all proposed massage technicians to be employed by the business: _____

Will seated massage be offered? ____ If so please include copies of all contracts for review. The contracts must specify the location, days and times the service is to be offered.

Please submit a floor plan of the business indicating all proposed tenant improvements, including the location of the room, massage table or chair dedicated to providing massage services. No alterations to the approved floor plan will be permitted unless and until reviewed and approved by the appropriate City departments.

As the owner of the primary business, I understand that I am responsible for the massage activities of all massage technicians employed at my business.

I authorize the City, its agents and employees, to seek verification of all information contained in this application and I declare under penalties of perjury that all information contained in the application is true and correct to the best of my knowledge and belief and that all provisions of Ordinance #1092 will be carried out.

Business Owner _____ Signature _____ Date _____

Planning Manager: _____ Signature _____ Date _____