Revenue Collections Operations
Licensing Office
55 North Center Street
Mesa Arizona 85201
(480) 644-2316 Tel

Mailing Address
PO Box 1466
Mesa Arizona 85211-1466
(480)644-3999 Fax

APPLICATION FOR MASSAGE ESTABLISHMENT CHANGE OF LOCATION

NON-REFUNDABLE $50.00 DUE AT TIME OF APPLICATION - CODE 0570

ACCURACY IS IMPORTANT -- CHECK ALL ANSWERS FOR ACCURACY. FALSE OR INCOMPLETE ANSWERS OR OMISSIONS MAY RESULT IN NON-ACCEPTANCE, DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.

SECTION I. CURRENT ESTABLISHMENT INFORMATION

Establishment Name	
Establishment Street Address	
City, State, Zip	Phone Number

SECTION II. NEW LOCATION INFORMATION

Type of Ownership	☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ Other_____	
Has ownership changed?	☐ No ☐ Yes	If yes, you must complete a full Massage Establishment Application
New Street Address		**Effective Date**
Cit, State, Zip		Phone number

SECTION III. MAILING ADDRESS INFORMATION

Mailing Address	
Cit, State, Zip	Phone number

SECTION IV. LISTING OF CONTROLLING PERSON(S) WITH 20% OR GREATER INTEREST IN THE OWNERSHIP OR EARNINGS OF THE BUSINESS

Title/Position	Name	% Owned

SECTION V. SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Print Name	Signature	Date

FOR OFFICE USE ONLY

Zoning ☐ Approved ☐ Denied	Reason for Denial
Building Safety ☐ Approved ☐ Denied	Reason for Denial
Signature	Date

Revised May 29, 2012

MASSAGE ESTABLISHMENT DIAGRAM

Business Name: _____ License No. _____
Business Address: _____ Days & Hrs Open_____

(Include all interior doors, walls, curtains, room dividers. Designate type of use for each room)

List of Services: _____