APPLICATION TO OPERATE A MASSAGE ESTABLISHMENT

CHAPTER 864.04 Business License Application

	CITY OF BRUNSWICK **DIVISION OF BUILDING** **4095 CENTER ROAD,** **BRUNSWICK, OHIO 44212** **(330) 558-6830**	Date Received by Div of Bldg:

(*PLEASE PRINT*)

$100 ANNUAL FEE, (Expiration Date will be ONE-YEAR from the License Issue Date).	
Applicant Name:	
Applicant Home Address:	
Applicant Business Address:	
Home Phone #:	Cell Phone #:
Business Phone #:	Fax #:
Email Address:	
Contact Name:	
State of Incorporation/Registration:	Date of Incorporation/Registration:
APPLICANT LICENSES	
Include a list of all licenses issued to the Applicant, including copies thereof, for operation as a Massage Establishment. ***(Attach ALL copies to this application)***	

Notary Use!	**APPLICANT AFFIDAVIT**	***Notary Use!***
State of:	County of:	
Being duly sworn, the undersigned states that the statements contained in this application, including all attachments hereto, are complete & true to the best of his/her knowledge & belief.		
Signature of Applicant:	Title of Applicant:	
Sworn to before me & subscribed in my presence this _____day of _____, 20_____	_____ ***(Notary Public)***	
(This AFFIDAVIT must be completed in the presence of a Notary Public!)		

For Office Use Only!	
Signature of Chief Building Official:	Date Approved / Denied: *(Circle one)*
For Office Use Only!	

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BRUNSWICK	**CITY OF BRUNSWICK** **DIVISION OF BUILDING** **4095 CENTER ROAD,** **BRUNSWICK, OHIO 44212** **(330) 558-6830**	Notes:

MEMBER/SHAREHOLDER/PARTNER OF APPLICANT		
Name:	SSN:	Employee ID #:
Address:		
Title &/or Position:		

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	CITY OF BRUNSWICK **DIVISION OF BUILDING** **4095 CENTER ROAD,** **BRUNSWICK, OHIO 44212** **(330) 558-6830**	Notes:

MASSAGIST EMPLOYEES		
Name:	**Date of Birth:**	**1.**
Phone #:	**SSN:**	
Home Address:		
State of OHIO issued MASSAGE THERAPY LICENSE #:		
Government Issued ID# & State of Issue:		**Attach 2"x2" Photo**

Name:	**Date of Birth:**	**2.**
Phone #:	**SSN:**	
Home Address:		
State of OHIO issued MASSAGE THERAPY LICENSE #:		
Government Issued ID# & State of Issue:		**Attach 2"x2" Photo**

Name:	**Date of Birth:**	**3.**
Phone #:	**SSN:**	
Home Address:		
State of OHIO issued MASSAGE THERAPY LICENSE #:		
Government Issued ID# & State of Issue:		**Attach 2"x2" Photo**

Name:	**Date of Birth:**	**4.**
Phone #:	**SSN:**	
Home Address:		
State of OHIO issued MASSAGE THERAPY LICENSE #:		
Government Issued ID# & State of Issue:		**Attach 2"x2" Photo**

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	**CITY OF BRUNSWICK** **DIVISION OF BUILDING** **4095 CENTER ROAD,** **BRUNSWICK, OHIO 44212** **(330) 558-6830**	Notes:

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Government Issued ID# & State of Issue:		**Attach 2"x2" Photo**

Name:	**Date of Birth:**	**2.**
Phone #:	**SSN:**	
Home Address:		
State of OHIO issued MASSAGE THERAPY LICENSE #:		
Government Issued ID# & State of Issue:		**Attach 2"x2" Photo**

Name:	**Date of Birth:**	**3.**
Phone #:	**SSN:**	
Home Address:		
State of OHIO issued MASSAGE THERAPY LICENSE #:		
Government Issued ID# & State of Issue:		**Attach 2"x2" Photo**

Name:	**Date of Birth:**	**4.**
Phone #:	**SSN:**	
Home Address:		
State of OHIO issued MASSAGE THERAPY LICENSE #:		
Government Issued ID# & State of Issue:		**Attach 2"x2" Photo**