

TOWN OF GLENVILLE
Massage Business Permit
(Glenville Town Code § 175-3)

Name of business: _____

Business address: _____

Business telephone number(s): _____

Type of business entity (check one): Individual ____ Partnership ____ Corporation ____

Business premises (check one): Owned by business ____ Leased ____ (provide copy of lease)

PERSONAL INFORMATION FORMS must be completed and submitted with this application, as follows:

- (1) If the business is an individual, one personal information form for that person;
- (2) If the business is a partnership, one personal information form for each partner, including limited partners;
- (3) If the business is a corporation, one personal information form for each stockholder holding 10% or more of the company's stock, one for each director or officer;
- (4) ALL BUSINESSES must submit a personal information form for each manager or person principally in charge of the operation of the business.

EMPLOYEES/THERAPISTS: List below the names and residence addresses of all massage therapists/masseurs and other employees of the business. (*Use another sheet, if necessary*).

Name

Address

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

CHARACTER REFERENCES: List below the names and addresses of three adults (*not relatives, business associates or employees*)

Name

Address

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

AFFIRMATION, AUTHORIZATION and SIGNATURE: I hereby affirm, under the penalties of perjury, that the information provided in this application is true and correct. By signing this application, I hereby authorize the Town of Glenville and/or the Glenville Police Department to investigate the truth of the statements and the qualifications of the applicant for the permit sought.

Signature: _____

Date: _____