



## Massage Therapist Permit Renewal Application

### Business Information

Provide information about the massage therapist for which you are making application.

Business Name:	<b>Current Permit Number:</b>	
Business Street Address:		
City:	State:	Zip Code:
Massage Therapist Street Address:		
City:	State:	Zip Code:
Business Telephone Number:		
Phone Number:		

### Applicant Identifying Information

Last Name:	First Name:			
Middle Name:				
Other Names Used (include maiden):				
Home Street Address:				
City:	State:	Zip Code:		
Sex:	Height:	Weight:	Hair Color:	Eye Color:
Date of Birth:	Age:			
Social Security Number:				
Phone Number:				

### Criminal History

Provide all arrests and / or criminal convictions of the applicant and, if applicable, the applicant's owners, officers, directors, partners and managers.

**Have you ever been arrested or convicted of a criminal offense :**

**NO      YES**

**[ If you answered "YES", provide the following information ]**

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**Criminal History (continued)**

<b>Name of person convicted:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>
Offense Location: (City / State)		
Date of Arrest:		
Criminal Charge(s):		
Convicted:    YES    NO		
Sentence Imposed:		
<b>Name of person convicted:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>
Offense Location: (City / State)		
Date of Arrest:		
Criminal Charge(s):		
Convicted:    YES    NO		
Sentence Imposed:		

**Applicant Signature and Certification**

I affirm that the information provided in this application, including all attachments, is true and correct. I understand that a material omission or misstatement of fact in this permit application is grounds for denial, suspension or revocation of a massage therapist permit.

**Applicant Signature:** \_\_\_\_\_

**Date:**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  MM                    DD                    YYYY

**Attachment:**

\_\_\_\_\_ **Written authorization for release of information (3)**



**City Of Colonial Heights, VA.  
Police Department**

**Authorization for Release Information**

**As an applicant for a Massage Clinic or Massage Therapist permit from the City of Colonial Heights, Virginia, I am required to furnish information for use in the determination of my qualifications and eligibility for the said permit.**

**I authorize the release of any and all information of a confidential or privileged nature to the City of Colonial Heights and its employees/agents, in connection with my application for a Massage Clinic or Massage Therapist Permit. Furthermore, I consent to a criminal background check, to be conducted by the Colonial Heights Police Department.**

**I hereby release you, your organization and others from liability or damage, which may result from furnishing the information requested.**

**I, the undersigned, have read and understand this release**

**Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_**

**The foregoing was subscribed before me, the undersigned Notary Public in and for the City of Colonial Heights, Virginia, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, by \_\_\_\_\_.**

**(Printed name of applicant)**

\_\_\_\_\_  
**Notary Public**

**My commission expires \_\_\_\_\_.**