



**APPLICATION FOR MESSAGE 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 | <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other _____ |
| Has ownership changed? | <input type="checkbox"/> No | <input type="checkbox"/> 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 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Reason for Denial |
| Building Safety <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Reason for Denial |
| Signature | Date |

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: _____
