

**APPLICATION FOR PERMIT TO OPERATE MASSAGE ESTABLISHMENT
OR OUTCALL MASSAGE SERVICE
UNDER CHAPTER 626, SLCRO**

Name of Sole Owner or Partners _____

Name of Massage Establishment _____

Address _____ Phone # _____
Street City State Zip Code

Applicant must provide the following information (if Partnership, EACH partner). Make a xerox copy for EACH partner to complete #'s 1-8 below):

1. Full Name _____
First Middle Initial Last

2. Present Address _____ Phone # _____
Street City State Zip Code

3. Two Previous Addresses:
_____ Dates: _____
Street City State Zip Code

_____ Dates: _____
Street City State Zip Code

4. Date of Birth _____ Height _____ Weight _____ Sex _____
Social Security # _____ Color of Hair _____ Color of Eyes _____

5. Businesses, Occupations or Employments for the three (3) years immediately preceding date of application (if additional space is needed, use the back of this page or attach additional sheets):

6. Previous experience in the operation of a Massage Establishment, Outcall Massage Service or similar business or occupation (if additional space is needed, use the back of this page or attach additional sheets):

7. Have you ever had a permit to operate a Massage Establishment or Outcall Massage Service that was revoked or suspended in this or any other State? Yes _____ No _____

If Yes, give details (if additional space is needed use the back of this page or attach additional sheets):

8. Have you ever been convicted for violation of any criminal Statutes or Ordinances other than minor traffic violations? Yes _____ No _____

If yes, give details (if additional space is needed use the back of this page or attach additional sheets):

I do solemnly swear that the information contained in this application or incorporated here by reference is true, correct and complete to the best of my knowledge.

Signature of Individual

Subscribed and sworn to before me this _____ day of _____, 19 _____

My Commission Expires: _____

Notary Public

List the requested information on each Masseur or Masseuse who is or will be employed in said Establishment or engage in Outcall Massage Service and show how each is paid. If an independent Contractor, furnish copy of written agreements wherein the terms of such status are set forth and show the amounts of money paid or to be paid and method of computation (if additional space is needed, make a xerox copy of this page):

Name _____
First Middle Initial Last
Address _____ Phone # _____
Date of Birth _____ Height _____ Weight _____ Sex _____
Social Security # _____ Color of Hair _____ Color of Eyes _____
Straight Salary \$ _____ Commission \$ _____ Ind. Contractor _____

Name _____
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