

## **Concord Township Application to Establish or Maintain Massage Establishment**

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In accordance with Ordinance No. 270, adopted October 1, 2002, all applicants must file an application, under oath, and pay a non-refundable annual license fee.

**This application shall not be accepted by Concord Township until all of the required information has been provided and all fees have been paid. Any subsequent change in any of the information provided hereunder must be reported in writing to the township within ten (10) days of said change.**

Date: \_\_\_\_\_

Detailed description of services to be provided:

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Location where business is to be located:

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Employer Identification Number and mailing address of business:

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All telephone numbers which are listed to or which provide service to or messages for the establishment:

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Name, residence address, and phone number of each applicant:

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If the applicant is a corporation or limited liability company, the name, social security number and residence address of each of the officers, directors and members/shareholders, together with the address of the corporation or limited liability company, if different from the address of the massage establishment.

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If the applicant is a partnership (limited or general), the names and residence address and phone numbers of each of the partners and the address of the partnership itself, if different from the address of the massage establishment.

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Two (2) previous business addresses used by the business immediately prior to the date of this application:

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Provide the business occupation or employment of the applicant, if an individual, for the five (5) years immediately preceding the date of this application:

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In previously operating in this or another township or state:

**Business license history:**

(a) Has a business license been revoked or suspended?  Yes  No

(1) If so, state the reason, dates of suspension and date, if any, of reinstatement: \_\_\_\_\_

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(2) Provide a detailed history of applicants' business activities or occupations subsequent to such action of suspension or revocation.

List all summary, misdemeanor and felony criminal convictions of each applicant and include the date of each conviction, the nature of the crime, and the court term and number of each conviction and the county and state of each:

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Name and address of the school, date of state accreditation and a copy of the diploma, certificate or other documentation evidencing that each masseur/masseuse has successfully completed the curricula of an accredited school:

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The name and address of any massage establishment or other similar business owned or operated by any person, corporation or partnership whose name is required to be listed anywhere on this application:

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Description of any other business proposed to be operated on the same premises or adjoining premises owned, rented, or controlled by the applicant or any officer of the applicant:

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