



MESSAGE BUSINESS PERMIT APPLICATION

Each person seeking a massage license from the Township shall complete the following application. You must answer every question on the form and **SIGN & DATE** the form.

Each applicant shall pay to the Township at the time of submitting the application a nonrefundable filing fee in an amount determined by Resolution of the Board of Commissioners for an original application and for each renewal application.

Return the application with your payment to the Township's Department of Building & Life Safety.

A license issued hereunder shall have a term of one year from the date of issuance. An application for renewal of said license for one year may be filed at any time prior to the expiration of the then existing license.

PLEASE COMPLETE THE FOLLOWING INFORMATION

Date of Application: _____ Date of Application _____

1. **Business Name:** _____ Business Name _____

Business Mailing Address: _____ Business Mailing Address _____

City: _____ City _____ **State:** _____ State _____ **Zip** _____ zipcode _____

Phone #: _____ Phone number _____ / **Fax #:** _____ Fax number _____

2. **Name of Applicant:** _____ Name of Applicant _____

Residential Address of Applicant: _____ Residential Address of Applicant _____

Home Phone #: _____ Home Phone Number _____ / **Cell/Mobile #:** _____ Cell/Mobile Number _____

Email Address: _____ Email Address _____

**Department of Building & Life Safety
Raymond Stackhouse, Director**

253 Municipal Drive, Thorndale, PA 19372 | Phone: 610-384-0600 | Fax: 610-384-0689
codes@calntownship.org | www.calntownship.org



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3. If Applicant is a corporation:

Names of Officers/Directors: _____

Residential Address(s) of Officers/Directors: _____

Home Phone #: _____ / **Cell/Mobile #:** _____

Email Address: _____

Home Phone #: _____ / **Cell/Mobile #:** _____

Email Address: _____

4. If Applicant is a partnership:

Names of all partners: _____

Residential Address(s) of all partners: _____

Home Phone #: _____ / **Cell/Mobile #:** _____

Email Address: _____

Home Phone #: _____ / **Cell/Mobile #:** _____

Email Address: _____

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5. **Applicant's two previous addresses immediately prior to present address:**

6. **Location of Business within Township:** _____

Phone #: _____ / **Fax #:** _____

7. **Name of the Business that it will operate under:** _____

8. **Applicant shall submit the following along with application:**

_____ Copy of current identification card or state issued Driver's License;

_____ Social Security Card (if the applicant is a corporation or partnership, then identification materials of all individuals listed in paragraphs 3 and 4;

_____ One portrait photograph of the Applicant at least 2" x 2" (if the Applicant is a corporation or partnership, then portraits of all individuals listed in paragraphs 3 and 4;

9. **Provide massage license history of Applicant and whether Applicant has had a business license revoked or suspended in another state or municipality and the reasons therefor:** _____

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10. Provide all criminal convictions of Applicant other than summary traffic violations, including dates of conviction, nature of crimes, and place of conviction. If Applicant is a corporation or partnership, provide this information for officers, directors and all partners:

11. Name and residential address of each massage therapist who will be employed in the establishment:

12. Provide a copy of massage therapy license(s) issued by the Pennsylvania State Board of Massage Therapy for all massage therapists employed by the business.

13. Description of services to be provided at the licensed premises:

14. Description of any other business to be operated on the same premises or on adjoining premises owned or controlled by Applicant:

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I authorize the Township, its agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the license.

Signature:

Date:

This application shall be made under oath before a notary public or other officer of the Commonwealth of Pennsylvania authorized to administer oaths:

Sworn to and subscribed this _____ day of _____, 20____.

Notary Public

OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Application Received: _____

Fee Received: _____

_____ Application Approved

_____ Application Denied

Date notice sent to Applicant approving application: _____

Date notice sent to Applicant denying application: _____

Raymond Stackhouse, Director