

MESSAGE THERAPY APPLICATION

1. **Applicant** - If applicant is partnership, corporation or association, the name and residence address of all persons having any legal or beneficial interest shall be required.

Name: _____

Mailing/Physical Address: _____

- Business Operator Only** **Massage Therapist Only** **Both Operator and Therapist**

Business Name: _____

Address of Business or Proposed Business: _____

Business # _____ **Cell #** _____ **Fax #** _____

Email Address: _____

Website Address: _____

2. **Present Zoning:** _____ Present Use: _____ Existing Non-Conformities: _____
Does location conform to all building, zoning, and fire prevention codes? _____

3. **Have you, your company, or associates ever been convicted** of any felony, prostitution or any law relative to prostitution? YES NO

Have you, your company, or associates ever had any license to operate a massage business or to engage in the business or profession of massage granted by any governmental unit revoked?
YES NO

Have you, your company, or associates ever been convicted of any violation concerning the operation of a massage business? YES NO

4. **Will any other business be operated on the same premises** or adjoining premises owned or controlled by applicant: YES NO If yes, please explain:

5. **Please list the names and addresses of any other businesses you, your company, or associates own:**

6. **Massage Therapists:** Attach copy of license from the North Carolina State Board of Massage and Bodywork.

7. **Authorization:** I hereby authorize investigation of all statements contained in this application. I certify that I have made inquiry concerning the regulations of the Town of Nags Head and that the business to be conducted will fully comply with the requirements thereof and with all other Town ordinances and state laws. This business is subject to periodic inspections in accordance with NCGS 160A-90. Issuance of a business registration pursuant to this application does not excuse an applicant from compliance with any zoning/other applicable ordinances/statutes.

Signature

Sworn to and subscribed to me this _____ day of _____, 20____ (seal)

Notary Public: _____ My Commission Expires: _____