



64 E. Walnut St.  
Westerville, OH 43081-2308  
t. (614) 901-6650  
f. (614) 901-6666

**PLANNING AND DEVELOPMENT DEPARTMENT**  
REGISTRATION CERTIFICATE FOR A MASSAGE FACILITY

**APPLICATION FORM**

FEE: \$40.00 REQUIRED AT TIME OF SUBMISSION

DATE \_\_\_\_\_ AUDITOR'S PARCEL # \_\_\_\_\_ REGISTRATION # \_\_\_\_\_  
*(Office use only)*

BUSINESS NAME \_\_\_\_\_

PROPOSED MASSAGE FACILITY ADDRESS \_\_\_\_\_

**APPLICANT**

MASSAGE FACILITY OWNER LEGAL NAME \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PROPERTY OWNER**  SAME AS APPLICANT

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**LIST OF SERVICES OFFERED**

**MESSAGE THERAPIST INFORMATION** *(MUST INCLUDE ANY PERSON PROVIDING TREATMENTS)*

FULL NAME	LICENSE NO.	FULL NAME	LICENSE NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If number of therapists exceeds space allowed, include a separate sheet with printed names and license numbers.*

I hereby certify that the information presented within this application form is true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the City. This application is required by Chapter 759 of the Business Regulation Code.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE