

# APPLICATION FOR A PERMIT TO OPERATE A MASSAGE ESTABLISHMENT WITHIN THE CITY OF GREENWOOD, INDIANA

Section 4-86 of the Greenwood Municipal Code states "It shall be unlawful for any person to engage in, conduct or carry on or to permit to be engaged in, conducted or carried on, in or upon any premises, the operation of a massage establishment without a permit issued by the Police Department after the approval of the Director of the County Health Department."

"Every applicant for a permit to maintain, operate or conduct a massage establishment shall file an application with the Chief of Police and pay a filing fee of Twenty-Five Dollars (\$25.00), which shall not be refundable." Section 4-87, Greenwood Municipal Code.

Section 4-88 of the Greenwood Municipal Code requires all of the following information as part of the application for a permit to maintain, operate or conduct a massage establishment within the City of Greenwood. A permit application which does not include all of the following information shall be deemed incomplete and said permit shall be denied for incompleteness, with no refund of the permit application fee.

**APPLICANT:**

|                |       |
|----------------|-------|
| Name:          | Date: |
| Address:       |       |
| DOB:           | SSN:  |
| Phone Numbers: |       |

**BUSINESS INFORMATION:**

|                                       |                           |
|---------------------------------------|---------------------------|
| Nature of Massage to be administered: |                           |
| Name of Business:                     | Phone Number of Business: |
| Proposed Address:                     |                           |

**CORPORATION INFORMATION ( IF APPLICABLE )**

|  |  |
|--|--|
| Name of Corporation (if applicable):                                 |  |
| Address of Corporation's Principal Place of Business(if applicable): |  |
| Phone Number:  | Is corporation registered with Office of Indiana Secretary of State? |
| Name of Indiana registered agent of corporation (if applicable):     |  |
| Address of Indiana registered agent of corporation (if applicable):  |  |

**Please state your business, occupation or employment history for the last three (3) years immediately preceding the date of application:**

| Name of Employer | Address | Phone Number | Title/Occupation | Dates |
|------------------|---------|--------------|------------------|-------|
|                  |         |              |                  |       |
|                  |         |              |                  |       |
|                  |         |              |                  |       |
|                  |         |              |                  |       |

*(Additional application information may be attached to permit application.)*

**Please specify the proposed facilities for the proposed place of business:**

| Number of Massage Rooms | Number of Dressing Rooms | Number of Toilets | Number of Showers | Number of Tubs | Number of Steam Baths | Number of Sinks | Number of Employee Lockers | Number of Laundry Facilities |
|-------------------------|--------------------------|-------------------|-------------------|----------------|-----------------------|-----------------|----------------------------|------------------------------|
|                         |                          |                   |                   |                |                       |                 |                            |                              |

**List any other facilities:**

|  |
|--|
|  |
|--|

*(Additional information may be attached to permit application.)*

**Please state your massage or similar business license history:**

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|  |
|--|

**License History:**

|  |           |
|--|-----------|
| Have you previously operated under a license in this or any other city or state? | Yes or No |
| Was that license suspended?  | Yes or No |
| Was that license revoked?  | Yes or No |

If you have answered "Yes" to the above questions, please state the business activity or occupation from which your license was suspended or revoked:

|  |
|--|
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**Please state the reason for which your license was suspended or revoked:**

|  |
|--|
|  |
|--|

**Please identify any business activity or occupation subsequent to such action of suspension or revocation:**

| Name of Employer/Business | Address | Phone Number | Title/Occupation | Dates |
|---------------------------|---------|--------------|------------------|-------|
|                           |         |              |                  |       |
|                           |         |              |                  |       |

**Have you ever been convicted of a crime (other than minor traffic violations)?      Yes / No**

If yes, list the date and nature of the offense(s) – Please list separately: (use back of page if needed)

| Date of Offense | Offense | Location | Court of Conviction |
|-----------------|---------|----------|---------------------|
|                 |         |          |                     |
|                 |         |          |                     |

**Are you currently on Parole or Probation?      Yes / No**

If yes, please specify:

| Parole or Probation | Location | End date |
|---------------------|----------|----------|
|                     |          |          |
|                     |          |          |

Each applicant must provide the following as attachments to the to the permit application:

- (1) Written proof you are at least eighteen (18) years of age.
- (2) Two (2) portrait photographs of each applicant, at least two inches by two inches (2" x 2") in size.
- (3) A set of fingerprints for each applicant, obtained from a local law enforcement authority, such as the Indiana State Police.
- (4) Indiana State Police background check.
- (5) Copy of the Board of Health approval for business.

**I attest the information submitted within and attached hereto is true, accurate, and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant