

## MESSAGE ESTABLISHMENT INFORMATION SHEET

### REQUIREMENTS

- Massage Establishment Application
- Proof of Identity (i.e. State issued Driver's License/I.D. Card, Military I.D., Passport)
- BCI Background Check/Fingerprints  
(If conducted at another authorized WebCheck agency, results must be mailed to the License Section)

### PRICING

- Application fee - \$20.00
- BCI Background Check fee - \$32.00
- Massage Establishment License fee - \$150.00

### OFFICE LOCATION & HOURS

4252 Groves Road  
Columbus, OH 43232  
Monday - Friday  
8:00 a.m. to 3:30 p.m.

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**OFFICE USE ONLY**

License # \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTIONDEPARTMENT OF  
PUBLIC SAFETY**MESSAGE OR  
BATH ESTABLISHMENT  
APPLICATION****NEW      RENEWAL****APPLICANT INFORMATION**

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Race:

Sex:

Height:

Weight:

Hair:

Eyes:

Have you ever been convicted of a felony?      Yes      No

If yes, list all felony convictions that occurred in the United States over the past seven (7) years:

Are you on felony probation or parole?      Yes      No

If yes, date began:

Have you ever been required to register as a sexual offender?      Yes      No

If yes, date registered:

**BUSINESS INFORMATION**

Business Name:

Federal ID:

Business Address:

City:

State:

Zip:

Business Phone:

Business Email:

Have you or your organization had a City of Columbus license and/or permit revoked, refused, or suspended within the last three (3) years?

Yes      No

If yes, please explain:

Has this organization had any previous licenses refused by any government agency, including revocations and/or suspensions?

Yes      No

Does this establishment conform to all applicable City, State, and Federal codes and laws? (i.e. Building & Zoning, Health, and Fire)  
Yes No

**List all persons who have a direct or indirect interest in the business, including corporate officers that hold 10% or more of stock offered by said corporation or partnership:** (Please attach a separate list if the list exceeds the allotted spaces)

1. Full Name: Title:

Residential Address:

City: State: Zip:

Date of Birth: Driver License #: State:

2. Full Name: Title:

Residential Address:

City: State: Zip:

Date of Birth: Driver License #: State:

**Per regulations set in Columbus City Code 501.05(E), the License Section has the power to make rules regarding the "qualifications of the applicants and the conditions precedent the applicants must meet prior to the acquisition of licenses." Following this direction, all applicants must be able to read, speak, and comprehend the English language in order to obtain a valid license. By initialing on the line below, you agree that you are able to fulfill this requirement.**  
  
\_\_\_\_\_ Initials

**All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial, revocation, or future revocation of the license under Columbus City Code Chapters 501 and 540, and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).**

State of Ohio, County of Franklin

I, \_\_\_\_\_, being duly sworn, affirm and swear that I am the  
(Print Applicant's Name)  
individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed and to the information contained in the application; that the answers, statements, and allegations made in this application are true and accurate to the best of my knowledge and belief; and that I am an owner/operator/applicant of that which is to be licensed by this application.

\_\_\_\_\_  
(Applicant's Signature)

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary or Agent of Director of Public Safety