

MASSUESE/MASSEUR INFORMATION SHEET

REQUIREMENTS

- Masseur/Masseuse Application (Attached)
- BCI Background Check
Conducted at an authorized WebCheck agency. Results must be mailed directly to the License Section.

All applications must be submitted in person at:

License Section
4252 Groves Road
Columbus, OH 43232

PRICING

- Application fee - \$20.00
- Identification Card fee – \$5.00
- Masseur/Masseuse License fee - \$75.00

OFFICE HOURS

Monday 9:00 a.m. - 3:30 p.m.
Tuesday - Friday 8:00 a.m. - 3:30 p.m.

OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION



DEPARTMENT OF
PUBLIC SAFETY

**MASSEUSE/MASSEUR
APPLICATION**

NEW RENEWAL

APPLICANT INFORMATION

Full Name:

Self Employed: Yes No

State of Ohio Vendor's License #:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Race:

Sex:

Height:

Weight:

Hair:

Eyes:

All applicants will be required to provide Proof of Identity.

Have you 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:

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:

Employer/Location of administering massage:

Are you addicted to intoxicating liquors or drugs? Yes No

Do you agree to conform to and abide by all the Rules and Regulations of Columbus City Code, Chapter 540, Massage & Bath Establishment?
Yes No

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 RESULTS IN DENIAL OR FUTURE REVOCATION OF THIS LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13 (A-3), (A-5), AND COLUMBUS CITY CODE 501 AND 504.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says he or she is the
(Print Applicant's Name)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be license; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

(Applicant's Signature)

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

Notary or Agent of Director of Public Safety

Must be SIGNED, DATED, and NOTARIZED.