

## MESSAGE ESTABLISHMENT INFORMATION SHEET

DEPARTMENT OF  
PUBLIC SAFETY

### REQUIREMENTS

- **Massage Establishment Application** (Attached)
- **BCI Background Check**  
Conducted at an authorized WebCheck agency. Results must be directly mailed 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
- Massage Establishment License fee - \$150.00

### 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 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:

**All applicants will be required to provide Proof of Identity.**

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 the City Codes, including, but not limited to; building, health, fire, the State of Ohio and Federal Laws? Yes      No			
<b>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:</b> (Please attach a separate list if the list exceeds the allotted space)			
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:	
<b>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 <u>MUST BE ABLE TO READ, SPEAK, AND COMPREHEND THE ENGLISH LANGUAGE</u> IN ORDER TO OBTAIN A VALID LICENSE. BY INITIALING ON THE LINE BELOW YOU AGREE THAT YOU ARE ABLE TO FULFILL THIS REQUIREMENT.</b>			
_____ INITIALS			
<b>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 PROSECTUTION UNDER CHAPTER 2321.13 (A-3), (A-5), AND COLUMBUS CITY CODE 501 AND 504.</b>			
<b>State of Ohio, County of Franklin</b>			
_____, being duly sworn, deposes and says he or she is the (Print Applicant's Name)			
<b>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.</b>			
_____ (Applicant's Signature)			
<b>Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.</b>			
_____ Notary or Agent of Director of Public Safety			
<b>Must be SIGNED, DATED, and NOTARIZED.</b>			