

LICENSE SECTION

**MESSAGE LICENSE  
INFORMATION SHEET**



DEPARTMENT OF BUILDING  
AND ZONING SERVICES

- **Massage 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 directly to the License Section)

**PRICING**

- |                            |           |
|----------------------------|-----------|
| • Application fee          | - \$20.00 |
| • BCI Background Check fee | - \$32.00 |
| • Photo I.D. fee           | - \$5.00  |
| • Massage License fee      | - \$75.00 |

**OFFICE LOCATION & HOURS**

4252 Groves Road  
Columbus, OH 43232  
Monday - Friday 8:00  
AM - 3:30 PM

Applications and supporting documents may be submitted via one of the following:

1. In person at the License Section (see above for location and hours)
- \*2. Emailed to [massagelicense@columbus.gov](mailto:massagelicense@columbus.gov)
- \*3. Mailed to the License Section (see above for location)
- \*4. Placed in the License Section drop box

\*Application must be notarized prior to submission

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OFFICE USE ONLY

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

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

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

LICENSE SECTION

## MESSAGE LICENSE APPLICATION

THE CITY OF  
**COLUMBUS**  
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING  
AND ZONING SERVICES

☐ NEW ☐ RENEWAL

### APPLICANT INFORMATION

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

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: \_\_\_\_\_

Establishment Name/Address of administering massage:

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 the "qualifications of the applicants and the conditions precedent the applicants must meet prior to the of licenses." Following this direction, all applicants must be able to read, speak, and comprehend the language in order to obtain a valid license. By initialing on the line below, you agree that you are able to requirement.

\_\_\_\_\_Initials

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

State of , County of

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 **Building and Zoning Services**

The application must be signed, dated and notarized.

# Human and Labor Trafficking Resources

## Human and Labor Trafficking Resources

If you or anyone you know feel that you are victim of human or Labor trafficking please reach out to one these resources.

*You have rights that are protected!*

Ohio Human Trafficking Hotline- 844-END-OHHT (844-363-6448)

National Human Trafficking Resource Center- 1-888-33-7888

Advocating Opportunity-(855) 855-1945 nb@advocatingopportunity.com  
Legal Service providers for trafficked persons

Your rights to be paid properly and for all the hours your work, regardless of your immigration status, including how to file a complaint.

U.S. Department of labor, Wage and Hour Division  
<https://www.dol.gov/agencies/whd/contact/complaints>

1-866-4USWAGE (1-866-487-9243)

Text: "BEFREE" (233733)

人口和劳工贩运资源

人口和劳工贩运资源

如果您或您认识的任何人认为自己是人口贩运或劳工贩运的受害者，请联系以下资源。

您拥有受保护的權利！

俄亥俄州人口贩运热线 - 844-END-OHHT (844-363-6448)

国家人口贩运资源中心 - 1-888-33-7888 倡导机会- (855) 855-1945

nb@advocatingopportunity.com 被贩运人口的法律服务提供者 无论您的移民身份如何，您都有权

获得适当报酬和所有工作时间的报酬，包括如何提出投诉。美国劳工部工资和工时司

<https://www.dol.gov/agencies/whd/contact/complaints>

1-866-4美国工资 (1-866-487-9243)

文：《BEFREE》(233733)