

LICENSE SECTION

MASSEUSE/MASSEUR  
INFORMATION SHEET



DEPARTMENT OF BUILDING  
AND ZONING SERVICES

- Masseur/Masseur 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
- Masseur/Masseur 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

# MASSEUSE/MASSEUR APPLICATION



DEPARTMENT OF BUILDING  
AND ZONING SERVICES

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: \_\_\_\_\_

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 **Name**/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 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 **Building and Zoning Services**

The application must be signed, dated and notarized.