THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES

Massage Provider Information Sheet

Phone: 614-645-8366
Email: massagelicense@columbus.gov

Requirements:

- Massage Provider Application
- Proof of Identity (e.g. State-issued driver license/ID card, Military ID, Passport)
- BCI Background Check (if conducted at another authorized WebCheck agency, results must be mailed directly to the License Section)

Fees:

Application	$20.00	Massage Provider license	$75.00
BCI Background Check	$32.00	Photo ID	$5.00

*Please make checks payable to "City Treasurer – License Section"

Office Location and Hours:

4252 Groves Rd
Columbus, OH 43232

Monday – Friday
8:00 AM – 3:30 PM

This page intentionally left blank

Office Use Only

License #: _____

Issue Date: _____

Exp Date: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Massage Provider Application

Address: 4252 Groves Road, Columbus, Ohio 43232
Phone: 614-645-8366
Email: massagelicense@columbus.gov

☐ New ☐ Renewal

Applicant Information:

Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Driver License #: _____ State: _____

Phone #: _____ Email: _____

Have you **ever** been convicted of a felony? ☐ Yes ☐ No

List any felony convictions in Ohio within the past seven (7) years (if none, write "none"): _____

_____

Are you on felony probation or parole? ☐ Yes ☐ No If yes, date began: _____

Have you **ever** been required to register as a sex offender? ☐ Yes ☐ No If yes, date registered: _____

Have you or your company had a City of Columbus license/permit refused, suspended, or revoked in the past three (3) years? ☐ Yes ☐ No

Employment Information:

List all establishments where you will or may provide massage-related services:

1. Business Name: _____ Phone #: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

2. Business Name: _____ Phone #: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

3. Business Name: _____ Phone #: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Do you agree to conform to and abide by all statues contained within Chapter 540 (governing Massage/Bath Establishments)? ☐ Yes ☐ No

Certain information 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 or future revocation of this permit, as well as criminal prosecution under Columbus City Code 2321.13 (A)(3) and (A)(5).

I hereby acknowledge the above statement regarding public records disclosure by checking this box. ☐

If you or a member of your immediate family is a designated public service worker employed in a position as listed under ORC 149.43 (A)(7), please provide a form of proof, along with the name and primary residence of said person: _____

State of _____, County of _____:

_____, bring duly sworn, deposes and says he or she is the
Print Applicant Name

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

_____
Applicant Signature

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

_____
Notary or Agent of Director of Building and Zoning Services