DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF PUBLIC SAFETY

MASSAGE ESTABLISHMENT INFORMATION SHEET

REQUIREMENTS

- Massage Establishment Application (Attached)
- Proof of Presence and Proof of Identity
  (See attached sheet for approved documents)
- BCI Check/Fingerprints
  BCI check will be conducted at the License Section.

All applications must be submitted in person at:

License Section
4252 Groves Rd
Columbus, OH 43232

FEES

- Application fee - $10.00
- BCI Background Check fee - $32.00
- Massage Establishment License fee - $150.00

OFFICE HOURS

Monday
9:00 a.m. to 3:30 p.m.

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

<u>All</u> applicants are required to provide both Proof of Lawful Presence in the United States and Proof of Identity. The following are examples of valid documents:

Proof of Lawful Presence	Proof of Identity
• U.S Passport or Passport Card • U.S. Birth Certificate • Consular Report of Birth Abroad • Certificate of Naturalization • Employment Authorization Card • Permanent Resident Card	• Ohio Driver's License • State issued I.D. • U.S. Military I.D.

OFFICE USE ONLY
License # _____
Issue Date _____
Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

THE CITY OF COLUMBUS
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DEPARTMENT OF PUBLIC SAFETY

MASSAGE 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:
Are you legally authorized to work in the United States? ☐ Yes ☐ No					
All applicants will be required to prove Lawful Presence in the United States and 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:		

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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

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: (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:

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.

_____ INTIALS

ALL INFORMATION CONTAINED IN THIE 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 CRIMINIAL PROSECTUTION 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.

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