



WEST CARROLLTON

300 E. Central Ave.  
West Carrollton, OH 45449  
Phone: 937-859-5184

# OCCUPANCY- MESSAGE ESTABLISHMENT SUPPLEMENT

<b>Date:</b>
<b>Business Address:</b>
<b>Business Name (if applicable):</b>
<b>Business Website (if applicable):</b>

Full Legal Name	Current Residential Address, City, State Zip Code	Phone #	Date of Birth	Social Security #	Business Federal ID #
Building Owner					
Business Owner					
Business Partner (Attach Additional Page As Needed)					
Officer/Director of Corporation					
Stockholder owning more than 2% of stock (attach additional page as needed)					
Applicant (if different than business owner)					

Days and times operation will be open to the public: \_\_\_\_\_

Exact nature of the services to be offered at this establishment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CHECKLIST OF REQUIRED INFORMATION TO BE ATTACHED TO THE APPLICATION

- \$51 filing fee (initial application); or
- \$25 filing fee (renewal); or
- \$25 filing fee (transfer)
  
- A health and safety report of an inspection of the premises performed within 30 days of the application to determine compliance with applicable health and safety codes, which inspection shall be made by municipal or state authorities acting pursuant to an agreement with the city.
- The residential address of each person named in the application and whether or not each person named has previously been issued a license to operate a massage establishment or issued a permit as a masseur or masseuse and, if so, where such permit or license was issued and whether or not such a permit or license has ever been revoked and the reasons therefor.

I, the undersigned, do hereby affirm that the statements in the application are true and correct and also agree to comply with the provisions of Chapter 117 of the Codified Ordinances of the City of West Carrollton, including but not limited to an investigation into the criminal record of any person applying for a permit. The proposed work is authorized by the owner in fee and I have the authorization to make this application. I also understand that a permit issued to operate a massage establishment shall expire one year after the date of issuance and an application to renew the permit must be filed with the renewal fee no later than 30 days prior to the expiration of the permit.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to the Business: \_\_\_\_\_