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## **Massage Therapist Permit Application**

Instructions: Please complete all sections of this application and pay the required fee prior to the review of this application. The Applicant shall provide full answers to all questions under oath. The Christiansburg Town Code; Chapter 12, Business Regulations; Article III Massage Establishments is required to be read prior to completing this application.

**Applicant Name** \_\_\_\_\_

\*full name, names by which the applicant was known are to be provided\*

**Applicant Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number(s) (cell, home, etc.)** \_\_\_\_\_

\_\_\_\_\_

**Email** \_\_\_\_\_

**Town Business License Number** \_\_\_\_\_

**Provide Names and Addresses of Massage Establishments worked as a massage therapist in past three years**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_



Yes  No **Do you currently hold or have previously held a permit or license to offer or administer massages anywhere in Virginia or any other state?**

If Yes to the above question, please provide the following:

License or permit number \_\_\_\_\_

Identity of the issuing authority \_\_\_\_\_

Has such permit been revoked or suspended (*Yes or No*) \_\_\_\_\_

If Yes, provide reasons

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Please note that further background investigation may be required depending on findings.*

**Copies of Required Documents (check to confirm provided with application)**

Copy of Applicant's valid massage therapist license from the Board of Nursing of the Commonwealth of Virginia.

Copy of valid driver's license, valid state issued identification card, or valid passport.  
Form of ID provided \_\_\_\_\_



**SIGNATURES**

**Affidavit of Applicant**

I certify that the information contained in this Application for a Town Massage Therapist Permit is true and correct to the best of my knowledge and that I understand and agree to abide by all regulations, provisions and rules governing Massage Therapists as set forth by the Town of Christiansburg. I agree to make payment of a \$10 fee with this application

Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**This Massage Therapist Permit was approved by the Police Chief and Town Manager contingent upon demonstrated compliance with the requirements of the Christiansburg Town Code; Chapter 12; Article III and any other applicable Town Code section, state or federal regulations.**

Police Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Town Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_