

Number of persons to be employed _____ **Each employee must complete a Massage Therapist/Instructor Application**

List names and addresses for each massage therapist you will employ:

1) _____
Name Resident Address City State Zip

If you are renewing your establishment license, is this a new employee? ___ Yes ___ No

2) _____
Name Resident Address City State Zip

If you are renewing your establishment license, is this a new employee? ___ Yes ___ No

3) _____
Name Resident Address City State Zip

If you are renewing your establishment license, is this a new employee? ___ Yes ___ No

4) _____
Name Resident Address City State Zip

If you are renewing your establishment license, is this a new employee? ___ Yes ___ No

5) _____
Name Resident Address City State Zip

If you are renewing your establishment license, is this a new employee? ___ Yes ___ No

Have you had a previous massage therapy establishment or similar business located in the Township of Hempfield or in any other municipality or state under license? ___ Yes ___ No

If yes, complete the following:

1) _____
Business Name Address City State Zip

Reason for closing/moving business: _____

2) _____
Business Name Address City State Zip

Reason for closing/moving business: _____

Have you ever had your massage therapy establishment license revoked or suspended? ___ Yes ___ No

If yes, please state the reason and circumstances surrounding the license suspension or revocation. (Please attach additional sheet if necessary) : _____

GREENSBURG-HEMPFIELD BUSINESS PARK

RD 6, BOX 500 • WOODWARD DRIVE • GREENSBURG, PA 15601-9310
TELEPHONE: 724-834-7232 724-864-7378 FAX: 724-834-5510
Hempfield Township is an Equal Opportunity Employer

II. FORM OF BUSINESS

_____ Single Proprietorship _____ Partnership _____ Corporation _____ Association _____ Club
 Federal Identification Number # _____
 Corporation: Date Incorporated _____ Where Incorporated _____
 Name of Corporation, Association, or Club _____

Complete this next section in its entirety **only** if your form of business is a **CORPORATION**:

President:

 Name Res. Address City State Zip

 Home Phone Business Phone Driver's License Number

Vice President:

 Name Res. Address City State Zip

 Home Phone Business Phone Driver's License Number

Secretary:

 Name Res. Address City State Zip

 Home Phone Business Phone Driver's License Number

Treasurer:

 Name Res. Address City State Zip

 Home Phone Business Phone Driver's License Number

Complete this next section in its entirety **only** if your form of business is a **PARTNERSHIP**

PARTNER:

 Name Res. Address City State Zip

 Home Phone Business Phone Driver's License Number

PARTNER:

 Name Res. Address City State Zip

 Home Phone Business Phone Driver's License Number

III. APPLICANT INFORMATION

Applicant First Name -Middle - Last Name Place & Date of Birth

Current Residential Address City State Zip Code

Mailing Address (if different from above)

Telephone Number Driver's License Number

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____

Length of time at current address: _____ Length of time residing in State of Pennsylvania: _____

Will you be engaged as a Massage Therapist or Instructor at this establishment? Yes No

If you respond yes, you must complete Section IV. Otherwise go on to Section V.

IV. CERTIFICATION / TRAINING (Applicants engaged as a Therapist or Instructor at this establishment)

Have you ever worked as a **massage therapist**? Yes No

If yes, describe all training received that qualifies you to work as a massage therapist (minimum 300 hours required):

Have you ever worked as a **massage instructor**? Yes No

If yes, describe all training received that qualifies you to work as a Massage Therapist/Instructor

Have you ever had your massage therapist or instructor license suspended or revoked? Yes No

If yes, please describe the dates, reason and the business activity or occupation subsequent to such action of suspension or revocation.

Attach additional sheet if needed.

Further, attach a copy of diploma, certificate or other written proof of graduation from a recognized school (minimum of 300 hours required) by the person who shall be directly responsible for the operation and management of the massage business.

V. CHARACTER REFERENCES

Provide names and addresses of three (3) adult residents of the County of Westmoreland who will serve as character references. These references must be persons other than relatives and business associates:

1st Reference: First Name – Middle – Last Name Phone Relationship
Address City State Zip

2nd Reference: First Name – Middle – Last Name Phone Relationship
Address City State Zip

3rd Reference: First Name – Middle – Lat Name Phone Relationship
Address City State Zip

VI. LIST PREVIOUS PLACES OF EMPLOYMENT FOR LAST 3 YEARS (Applicant)

1st Business Name Business Phone Dates of Employment
Address City State Zip

Describe your position and work performed: _____

2nd Business Name Business Phone Dates of Employment
Address City State Zip

Describe your position and work performed: _____

3rd Business Name Business Phone Dates of Employment
Address City State Zip

Describe your position and work performed: _____

4th Business Name Business Phone Dates of Employment

Address City State Zip

Describe your position and work performed: _____

5th Business Name Business Phone Dates of Employment

Address City State Zip

Describe your position and work performed: _____

If you need more space to complete Section V, please attach a separate sheet and follow the above format

VII. HEALTH INFORMATION

Applicant must provide a certificate from a physician, certified and licensed through the State of Pennsylvania, stating that the applicant has, within 60 days immediately prior to application (or 90 days if submitting a renewal application), been examined and found to be free of any contagious or communicable disease.

Certificate attached: _____ Yes _____ No If no, give reason _____

VIII. AFFIDAVIT

STATE OF PENNSYLVANIA)

COUNTY OF WESTMORELAND)

_____, first being duly sworn, deposes and says that he/she is at least 18 years of age, has read the foregoing application by him/her subscribed and that he/she knows the contents thereof, and that the same is true of his/her own knowledge and belief. Any false or misleading information in, or in connection with this application may be cause for denial or loss of license.

Further, he/she authorizes the Township of Hempfield, its agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualification of the applicant for the license.

Lastly, he/she understands that his/her medical history information or medical records will be kept secure and strictly confidential.

Applicant's Signature and Title

Subscribed and sworn to before me this

_____ day of _____, 20__ Notary's Signature: _____

OFFICE USE ONLY

TOWNSHIP SECRETARY: _____ YES _____ NO _____
Signature Date

Notes:

PERMIT PROGRESS

ISSUE DATE: _____ EXPIRATION DATE: _____

LICENSE NUMBER: _____ PROCESSED BY: _____

TOTAL FEES PAID: _____ PAYMENT TYPE: _____

MASSAGE THERAPY ESTABLISHMENT LICENSE

- Massage Therapy Establishment Licenses for the Township of Hempfield are issued for a period of 1 year, expiring on December 31st. The process to obtain a Massage Therapy Establishment License takes approximately 3 weeks from the date of application until the date of issuance and requires approval from the Township secretary.
- To apply for a Massage Therapy Establishment License, file your completed, signed application form with the Township Code Enforcement Office.
- License fees are non-refundable and are to be paid at the time of filing the application form.

Fees are as follows:

Massage Therapy Establishment - \$150 initial fee + \$5 Police Investigation Fee
\$ 75 renewal fee + \$5 Police Investigation Fee

- NOTE: Massage Therapists must file for a separate license from the Township of Hempfield.
- QUESTIONS? Please call (724) 834-7232, extension 240.

GREENSBURG-HEMPFIELD BUSINESS PARK

RD 6, BOX 500 • WOODWARD DRIVE • GREENSBURG, PA 15601-9310

TELEPHONE: 724-834-7232 724-864-7378 FAX: 724-834-5510

Hempfield Township is an Equal Opportunity Employer