

Hempfield Township

MASSAGE THERAPY ESTABLISHMENT LICENSE APPLICATION

Attach the following items at the time of application and renewal. Incomplete applications will not be processed or accepted. **YOUR APPLICATION MUST BE NOTARIZED.** (Renewal applications only need complete those areas marked (X))

- Two (2) 2" x 2" photographs of the applicant (head and shoulders) taken within thirty (30) days of the date of the application.
NOTE: No xerox photos allowed;
- Copy of Driver's License;
- Copy of certification from a licensed and certified training school (minimum of 300 hours) (if also practicing as therapist/instructor);
- Copy of proof of certification from a recognized association (if also practicing as therapist/instructor);
- Fingerprints (contact Pennsylvania State Police Department for information at 724-832-3288 or other law enforcement agency);
NOTE: Fingerprints not necessary for renewal)
- Fee – Non Refundable – Payable to Township of Hempfield _____ \$150 Initial application
_____ \$ 75 Annual renewal

Please visit our website at www.hempfieldtp.com (Go to Code Enforcement, then View Hempfield Codes Over the Internet) to review the Massage Therapy Establishment Ordinance (massage therapy establishment, therapist, instructor) Chapter 56.

I. ESTABLISHMENT INFORMATION

Trade Name of Establishment _____ Assumed Name Certificate No. _____

Name of Applicant _____

Complete Mailing Address of Proposed Location (Street) (City) (Zip Code)

Establishment Telephone Number(s) () _____ () _____ () _____

Days and hours of operation _____

Name, style, and designation under which the business or practice is to be conducted _____

List service(s) to be provided _____

List name(s) and address(es) for the manager or other person principally in charge of the operation of the business:

1) _____

Name	Resident Address	City	State	Zip
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2) _____

Name	Resident Address	City	State	Zip
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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

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. 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

VI. 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: _____

GREENSBURG-HEMPFIELD BUSINESS PARK

1132 WOODWARD DRIVE, SUITE A • GREENSBURG, PA 15601-9310

TELEPHONE: 724-834-7232 FAX: 724-853-8815

Hempfield Township is an Equal Opportunity Employer

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
\$ 75 renewal fee

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

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