



Individual Certified Massage Therapist

Police Investigation Application

Individuals looking to practice massage therapy must complete this application form as well as a Business License Application and submit both forms to the Finance Department along with the Business License fee.

This form is used by the Police Department of the Town of Vienna for an investigation of the applicant. Upon completion of the Police Department investigation, the application form will be forwarded to the Town Manager for approval or denial in accordance with Chapter 22 of the Town Code.

After approval has been granted by the Town Manager (or on appeal from the Town Council should the Town Manager deny this application), a business license will be issued by the Finance Department. The Finance Department will confirm with the Planning & Zoning Department that a Certificate of Occupancy for Massage Therapy is valid for the commercial location in which the applicant will be working prior to issuing a business license.

Applicant **MUST** attach copies of:

- Valid driver's license;
- Certificate of training that meets the qualifications as specified in Chapter 30, Title 54 of the Code of Virginia;
- Current certificate as a Certified Massage Therapist or similar certificate for associated professional as issued by the Board of Nursing of the Commonwealth of Virginia;
- Current certificate of good health issued by a medical doctor licensed by the Commonwealth of Virginia.

APPLICANT'S INFORMATION

NAME: _____ DATE OF BIRTH: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS OPERATOR'S NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ E-MAIL: _____

LANDLORD'S NAME: _____

LANDLORD'S ADDRESS: _____

LANDLORD'S TELEPHONE: _____ E-MAIL: _____

**INDIVIDUAL CERTIFIED MESSAGE THERAPY APPLICATION
TOWN OF VIENNA, VA**

AFFIRMATION BY ALL APPLICANTS

NOTE: Requires notarized signature(s)

I, _____, acknowledge the above information to be true and accurate to the best of my knowledge.

I, _____, do hereby consent to a search of the Central Criminal Records Exchange for any records relating to me. I consent to full disclosure of the results of such search to an authorized staff member of the Town of Vienna Finance Department.

I give this consent and authorization in order to provide the Town of Vienna with full ability to ascertain either the nonexistence or the contents of any criminal records relating to me, as directed by the Town of Vienna Code, for the purpose of the Department's consideration of my application for a license or permit. The information provided and collected will remain confidential and used only for consideration on the issuance of a Message Therapy business license.

Signature

Date

COMMONWEALTH OF VIRGINIA:

City/County of _____ to wit:

This form was acknowledged before me this _____ day of _____, 20_____.

by _____ (Name of applicant).

Signature of Notary Public

Commission expires: _____

**INDIVIDUAL CERTIFIED MASSAGE THERAPY APPLICATION
TOWN OF VIENNA, VA**

FOR OFFICIAL USE ONLY

POLICE DEPARTMENT INVESTIGATION:

Clear Report: _____ Report Attached: _____ Exp. Date: _____

Comments: _____

Recommendation: _____

Police Dept. Signature and Date: _____

TOWN MANAGER REVIEW:

APPROVED DENIED

Signature: _____ **Date:** _____

Comments: _____

DEPARTMENT OF FINANCE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

DATE SENT TO POLICE: _____

Confirmation with Planning and Zoning:

Commercial Occupancy for Massage Therapy? Yes No

CO#: _____

NOTE: If the applicant is proposing to conduct massage therapy business out of a residence in the Town of Vienna, a Conditional Use Permit is required through the Planning & Zoning Department prior to issuance of a business license.