

**CITY OF FAIRFAX**  
**MASSAGE ESTABLISHMENT APPLICATION**  
**Section 14-291 – City Code**

(THE MESSAGE ESTABLISHMENT PERMIT SHALL BE VALID FOR TWO YEARS FROM THE DATE OF ISSUANCE)

(1) A description of facilities and services to be available on the premises of the proposed establishment:

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(2) The location and mailing address of proposed massage establishment.

NAME OF ESTABLISHMENT	MAILING ADDRESS and PHONE #

(3) The name and residence address of applicant. If applicant is an association or partnership, the names and residence addresses of each of the associates or partners. If the applicant is a corporation, the names and residence addresses of each of the officers and directors of said corporation and of each Stockholder owning more than ten percent (10%) of the stock of the corporation.

NAME OF APPLICANT	RESIDENCE ADDRESS, EMAIL and PHONE #

(4) If applicant is an individual, all other residences of the applicant for the three (3) year period immediately prior to the application: If the applicant is an association or partnership, the names and residence of each associate partner for the three (3) year period immediately prior to the application. If the applicant is a corporation, all of the residences for a three (3) year period of each of the officers and directors of said corporation.

APPLICANT	RESIDENCE ADDRESS	DATES

- (5) If the applicant is an individual, written proof that the applicant is eighteen (18) years of age or older. If the applicant is a partnership, written proof that each partner is eighteen (18) years of age or older. If the applicant is a corporation, written proof that each of the officers and directors of said corporation is eighteen (18) years of age or older.
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- (6) A complete set of fingerprints, if the applicant is an individual, or of each partner, if the applicant is a partnership, or of each officer and director, if the applicant is a corporation. The fingerprints shall be taken by the Chief of Police, or his designee. (Required only for original application.)
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- (7) If the applicant is an individual, the business, occupation, or employment of the applicant for the three (3) year period immediately preceding the date of the application. If the applicant is a partnership or corporation, the business occupation or employment of each partner, officer or director the three (3) year period immediately prior to the date of the application.

APPLICANT	OCCUPATION	ADDRESS	DATES

- (8) The history of the applicant in the operation of massage establishments or similar business or occupation, including but not limited to, whether or not such person, in previously operating in this or another city or state under permit, has had such permit revoked or suspended and the reason therefor, and the business activity or occupation subsequent to such action of suspension or revocation.
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- (9) The criminal record, if any, other than misdemeanor traffic violations, of the applicant, or of any associate or partner of the association or partnership, if the applicant is an association or partnership, or of any officer or director of the corporation, if the applicant is a corporation.

APPLICANT	OFFENSE	DATE

- (10) The name of the operator or manager of the massage establishment. If the owner or manager of the massage establishment is not an applicant, then the operator or manager must provide the information required in this section relative to the applicant.

- (11) This application for a massage establishment permit shall be accompanied by an application fee of \$150.00, no part of which shall be refundable.

<p>I swear and confirm that all of the above information is true and correct to the best of my knowledge.</p> <p>I understand that it is unlawful for any person to make a false statement on this application and discovery of a false statement shall constitute grounds for denial of an application or revocation of a permit.</p> <hr style="border: 0.5px solid black; margin: 10px 0;"/> <p style="text-align: center;">SIGNATURE OF APPLICANT</p> <p>Sworn before me this _____ day of _____ 20_____</p> <hr style="border: 0.5px solid black; margin: 10px 0;"/> <p style="text-align: center;">(Notary Public)</p> <p>My Commission Expires _____</p>
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## FOR OFFICE USE ONLY

FEE \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_

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<b>ROUTING LIST</b>	<b>COMPLETED</b>	<b>DATE</b>	<b>INITIALS</b>
APPLICATION ISSUED			
APPLICATION RECEIVED			
LICENSED FEE \$150.00 FOR 2 YEARS			
FINGERPRINTS (ORIGINAL APPLICATION ONLY, IF ORIGINAL PERMIT HAS REMAINED VALID)			
PHOTOGRAPHS			
RECORD CHECK (VCIN ONLY)			
WARRANT CHECK (10-29)			
LICENSE ISSUED			
LICENSE REVOKED			
APPEAL			