Chadds Ford Township
Application to Establish or Maintain Massage Establishment

In accordance with Chadds Ford Township Code, Chapter 87, all applicants must file an application, under oath, and pay a non-refundable annual license fee.

This application shall not be accepted by Chadds Ford Township until all of the required information has been provided and all fees have been paid. Any subsequent change in any of the information provided hereunder must be reported in writing to the township within ten (10) days of said change.

Date: _____

Detailed Description of Serviced to be provided:

_____

_____

_____

Location where business is to be located:

_____

Mailing address of business:

_____

All telephone numbers which are listed to or which provide service to or messages for the establishment:

_____

Name, residence address, and phone number of each applicant:

_____

_____

The applicant is a corporation or limited liability company, the name and residence address of each of the officers, directors and members/shareholders together with the address of the corporation, if different from the address of the massage establishment

_____

If the applicant is a partnership (limited or general, the names and residence address and phone numbers of each of the partners and the address of the partnership itself, if different from the address of the massage establishment.

_____

Two (2) previous business addresses used by the business immediately prior to this address

_____

_____

_____

Provide the business occupation or employment of the applicant, if an individual, for the three (3) years immediately preceding the date of this application

_____

Business license history:

In previously operating in this or another township or state __Yes ___No
Has a business license been revoked or suspended? __ Yes ___No
If so, the reason _____
Business activity or occupation subsequent to such action of suspension or revocation

List all summary, misdemeanor and felony criminal convictions of each applicant, include the date of each conviction, the nature of the crime, and the place convicted:

_____
_____
_____
_____
_____

Name and address of the school and a copy of the diploma, certificate or other documentation evidencing that each masseur/masseuse has successfully completed the curricula of an accredited school

The name and address of any massage establishment or other similar business owned or operated by any person whose name is required to be listed on this application

_____
_____

Description of any other business proposed to be operated on the same premises or adjoining premises owned or controlled by the applicant

_____
_____

Along with this application, you must provide:

- Proof that the applicant, if an individual, is at least twenty-one (21) years of age
- The height, weight, hair, eye color, and gender of any individual applicant
- Copy of photographic identification, such as a driver's license or passport of each applicant
- One front face (portrait) 2" x 2" photograph of applicant, including a photograph or all officers, directors, partners, members, and managing agents of any business entity applicant

- A copy of the diploma, certificate or other documentation evidencing that each masseur/masseuse has successfully completed the curricula of an accredited school
- A statement of the business, occupation or employment of the applicant for the three (3) years immediately preceding the date of the application.

I hereby authorize Chadds Ford Township, its agents, and employees to verify the above information and my qualifications as set forth in the above application.

Date: _____ Applicant's signature : _____

Print _____

Commonwealth of Pennsylvania)
) ss.
County of Delaware)

On this, the _____ day of _____, 20 ___, before me, _____, the undersigned officer, personally appeared _____
known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same of the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

_____
(Signature of Notary)

_____
Title of Notarizing Officer

(Embossed seal)