

Borough of Chester Application for Massage, Bodywork and Somatic Therapy Establishment License



Borough of Chester Massage, Bodywork and Somatic Therapy Owner Information

Please type or print

Name				
Relationship to Business:	□Owner	□Officer		□Director
	□Partner	□Stock	Holder	□Manager
Home Address				
Previous Address if less than	n two years at current a	ddress		
Home Telephone No:Cell PhoneNo:		:Fax		
Business Tel. No:			Fax	
Date of Birth:	Age	(please attach a copy of written proof of age)		
Height Weight_	Sex	Hair Color	Eye co	olor
Have you ever been convicte	ed of a crime? No Yo	es If yes, p	lease expla	ain
Include; the nature of the ma	atter, date of the occurre	ence, place of, an	d resolution	n of the matter,
Signature			Date	