Borough of Chester

Application for Massage, Bodywork and Somatic Therapy Establishment License

Please type or print

Name of Establishment: _____

Address _____

_____

Business Phone No:_____ Fax No._____

EMAIL ADDRESS: _____

Name of owner_____

Type of ownership ☐individual ☐Partnership ☐Corporation ☐Other
(Managers, Sole proprietors, partners and those stockholders holding more than 10% stock must complete the attached "Owner Information" form)

I have read Chapter 170 (Massage, bodywork and somatic Therapy establishment) of the Code of the Borough of Chester, and hereby agree to comply with all rules and regulations. I acknowledge that the penalties of non-compliance may be revocation or suspension of license to operate, fines or imprisonment.

Signature_____ Date_____

Fee for license is $200.00. Please include a check or money order made payable to 'Chester Borough.

Borough of Chester
Massage, Bodywork and Somatic Therapy
Owner Information

Please type or print

Name_____

Relationship to Business: ☐Owner ☐Officer ☐Director
☐Partner ☐Stockholder ☐Manager

Home Address_____

_____

Previous Address if less than two years at current address _____

_____

Home Telephone No:_____Cell Phone No:_____Fax_____

EMAIL: _____

Business Tel. No:_____ Fax_____

Date of Birth: _____ Age_____*(please attach a copy of written proof of age)*

Height_____ Weight_____ Sex_____ Hair Color_____Eye color_____

Please list all previous business experience, other states or municipalities where you operated under a permit or license, and if a permit has ever been denied or revoked.

_____

_____

_____

_____

Have you ever been convicted of a crime? No___Yes_____ If yes, please explain

Include the nature of the matter, date of the occurrence, place of, and resolution of the matter,

_____

_____

_____

_____

Signature _____ Date _____