



**OFFICE OF THE
BUILDING INSPECTOR**

10 MAPLE AVE.
NEW CITY, NY 10956/5099
(845) 639-2100

*ERIK ASHEIM,
ACTING BUILDING INSPECTOR*

*STEPHEN UNGERLEIDER,
CHIEF FIRE SAFETY INSPECTOR*

MESSAGE ESTABLISHMENT LICENSE APPLICATION

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Date _____

OWNER/OPERATOR INFORMATION

Business Owner Name:

Last _____ First _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

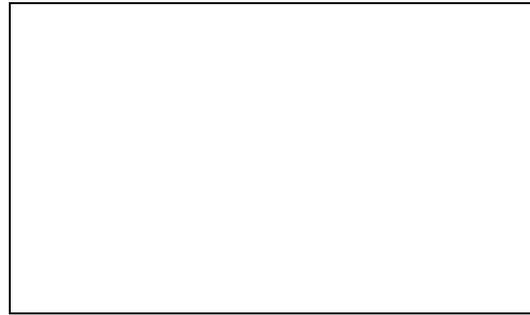
Date of Birth _____ Sex _____ Social Security Number _____

Drivers License Number _____

Height _____ Hair Color _____ Eye Color _____ Weight _____

**ALL APPLICATIONS MUST BE HAND DELIVERED BY THE APPLICANT TO THE
CLARKSTOWN BUILDING DEPARTMENT AT 10 MAPLE AVENUE, NEW CITY, NY 10956.
ALL APPLICANTS MUST CALL (845) 639-2100 TO SCHEDULE AN APPOINTMENT FOR
SUBMITTAL AND WILL BE SUBJECT TO FINGERPRINTING.**

Affix a recent ad and shoulder photograph.



Town of Clarkstown Massage Therapy License Number _____ and State of New York Professional License Number (professional license that permits some form of massage therapy) of the applicant _____.

Has the applicant ever been arrested for any sex offense or forcible felony as defined in Article 130 of the New York State

Penal Code ----- YES _____ NO _____

If YES, in what community and state did the arrest occur, what was the date of the arrest, what was the outcome of the court hearing (for example: Were you convicted of, pleaded nolo contendere to, received supervision or suffered forfeiture on a bond charge, or was the case dismissed?)

a.) _____

b.) _____

c.) _____

Has the applicant ever held a massage therapy establishment license or a massage therapy license in any other Village, City or State? -----YES _____ NO _____

If YES, please provide the name of the Village, City and State _____

Has the applicant ever had a massage therapy establishment license or massage therapy license revoked or suspended? ----

YES _____ NO _____

If YES, what was the date, and what was the basis for the revocation _____

If the applicant is a partnership, association, corporation, or organization of any kind, each of the partners, officers, directors and shareholders of any corporation not registered under the Securities and Exchange Act of 1934 shall provide all the owner information listed above on a separate sheet of paper.

Provide the name and the license number for each massage therapist who carries on, engages in or practices massage therapy at this establishment.

Last _____ **First** _____ **Middle Initial** _____

Town of Clarkstown Massage Therapist License Number _____

Last _____ **First** _____ **Middle Initial** _____

Town of Clarkstown Massage Therapist License Number _____

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Last _____ **First** _____ **Middle Initial** _____

Town of Clarkstown Massage Therapist License Number _____

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The License for a massage therapy establishment will be REVOKED, if it is determined that the information on this application is not accurate. Massage therapy establishment owners are responsible for keeping the information on their License Application current. The Clarkstown Building Inspector must be notified whenever any of the information on this application changes.

I hereby certify that the information provided in this application and all attached documents is true, complete and accurate.

Applicant Signature

SUBSCRIBED AND SWORN TO

Before me this _____ day of, _____

Notary Public

DOCUMENT ATTACHMENTS

1. A. scaled floor plan of the massage therapy establishment that shows all equipment, furniture and fixtures.
2. A room finish schedule.
3. A \$200.00 application fee for the Massage Establishment License and a check made out to the Clarkstown Police Department.
4. Copy of the lease, deed or other legal instrument that names and grants the business owner/operator(s) possession or use of the building, establishment or portion thereof for a massage therapy establishment;
5. Written Evidence of Age and Proof of Identity (i.e. copy of a driver's license);
6. A copy of the Town of Clarkstown Massage Therapist License and State Professional License that permits massage therapy (i.e. naprapathy, cosmetology, etc.);
7. Photograph to be attached in the area provided on page 2 of this application;
8. Application is notarized and;
9. One of the following documents must also be provided to establish employment eligibility in the United States:
 - U.S. Social Security Card or certification of birth abroad issued by the Dept. of State (Form FS-545 or DS-1350) or original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal or Native American tribal document or U.S. Citizen ID Card (INS FORM I-197) or ID Card for use of resident citizen in the United States (INS FORM I-179) or Unexpired employment authorization document issued by the INS.

EACH APPLICANT FOR A MASSAGE THERAPY ESTABLISHMENT IS SUBJECT TO A BACKGROUND CHECK PERFORMED BY THE CLARKSTOWN POLICE DEPARTMENT. IT WILL TAKE APPROXIMATELY 2-4 WEEKS TO PROCESS THE APPLICATION.

OFFICE USE

DATE APPLICATION RECEIVED _____

INITIAL APPLICATION FEE OF _____ **SUBMITTED** _____

FEE OF _____ **FOR CLARKSTOWN POLICE DEPARTMENT SUBMITTED** _____

LICENSE APPROVED BY _____
CLARKSTOWN BUILDING INSPECTOR

LICENSE APPROVED BY _____
CLARKSTOWN BUILDING INSPECTOR

REASONS FOR DENIAL:

