

Permit #: \_\_\_\_\_



# TOWN OF WARRENTON

Department of Community Development

PO BOX 341  
 WARRENTON, VIRGINIA 20188  
<http://www.warrentonva.gov>  
 Permittech@warrentonva.gov  
 (540) 347-2405

## Massage Therapist Permit Addendum

**Applicant Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **PIN:** \_\_\_\_\_  
**Business Telephone #:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

Personal Information					
Telephone	Date of Birth		Country of Birth	Email address	
Current Address					
Gender	Height	Weight	Eyes	Hair	Race
Have you ever been known by any other name or legally changed your name? If yes, please provide:					No      Yes
Criminal Convictions (List all criminal convictions from any federal, state, or local jurisdiction except for misdemeanor traffic violations or traffic infractions.)					
None    Yes    If yes, list:					
Charge	Felony or Misdemeanor?		Date	Location	
Yes No	As part of this application have you also provided a complete set of the applicant's fingerprints, a completed consent form allowing the Warrenton Police Department to obtain a search of the Central Criminal Records Exchange, and an investigation fee in the amount established by the Virginia State Police for conducting the records search?  <b>**PLEASE NOTE**</b> Final approval or denial of the business license application may be dependent on the results of the Central Criminal Records Exchange check.				
Certification/Licensure History					
Virginia Board of Nursing Massage Therapist Certification #  _____			Has your Virginia Massage Therapist Certificate ever been suspended or revoked?  No    Yes    If yes, provide details:		
(Copy of Certification must be provided with this application)					
Yes No	Have you ever been certified and/or licensed to perform massage therapy in any other jurisdiction? If yes, please provide the following information: City, County or State where licensed: _____ Year certified/licensed: _____ City, County or State where licensed: _____ Year certified/licensed: _____				

Permit #: \_\_\_\_\_

Yes No	Have you been placed on probation by any licensing authority in any jurisdiction, or otherwise disciplined for improper practice?			
Yes No	Has your massage therapy certification/license ever been suspended or revoked in any jurisdiction?			
Yes No	In the past 10 years, have you plead guilty or nolo contendere (no contest) to any federal, state or local criminal charge, or been subject to asset forfeiture as a result of a criminal charge, related to your practice of massage therapy?			
<b>Employment History (Past Three Years)</b>				
Name		Address	Contact Number	Dates of Employment
<b>Required attachments for the application include:</b>				
No	Yes	A copy of the applicant's massage therapist certification from the Board of Nursing of the Commonwealth of Virginia.		
No	Yes	Three full-face and one profile photographs.		
No	Yes	The application fee. The fee is in addition to any business or occupation license tax imposed by the town and any other taxes or fees which may be required to engage in the business. During the term of the permit, each person to whom a massage therapist permit is issued under this Section must report to the town any change in status.		

I hereby certify that I have read and examined this application and know the information provided is true and correct.

\_\_\_\_\_  
 Applicant's Signature & Date Print Applicant's Name

FOR OFFICIAL USE ONLY	
<b>APPROVED</b>	<b>DENIED</b>
Notes/Restrictions:	
Zoning Administrator Signature & Date	Fee Due: \$ _____