



HARFORD COUNTY GOVERNMENT
Department of Inspections, Licenses and Permits
220 South Main Street
Bel Air, Maryland 21014
410-638-3305

FOR OFFICE USE ONLY	
License No.	_____
New Application Fee \$	_____
Application Date	_____
Expiration Date	06/30/_____
License Fee	\$50.00
New _____	Renewal _____

MASSAGE ESTABLISHMENT APPLICATION

APPLICANT INFORMATION

Name: (First)	(Middle)	(Last)	
Phone:	Mobile Phone:		
Address:			
City:	State:	ZIP Code:	
DOB:	Age:	Height:	Weight:
Eye color:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Hair color:

Date of photograph:

BUSINESS INFORMATION

Business name:				
Business type (circle one):	Corporation	LLC	Non-Profit	Sole Proprietor
Address:				
City:	State:	ZIP Code:		
Phone:	Website:			

MAILING ADDRESS

Address:				
City:	State:	ZIP Code:		
E-Mail:				

I, the undersigned, hereby apply for a Massage Establishment License in Harford County, Maryland and for this purpose in accordance with Harford County code, Chapter 166 § 166-5.A. (6), file the attached 2x2 photograph and description of myself, and give the following answers to the questions contained below:

1. What is the nature of the service provided? _____

Massage Establishment Application

2. Have you ever been licensed to practice or carry on the same business? Yes No

If yes, what were the dates and the address of the practice?

3. Have you ever been convicted of any crime or convicted of violation of any municipal code or ordinance other than motor vehicle laws? Yes No

If yes, what was the nature of the offense and what was the penalty imposed?

4. What is the number of rooms to be occupied by the business? _____

5. Is the applicant a corporation? Yes No If yes, complete page 3

6. Is the applicant a partnership? Yes No If yes, complete page 4

7. List of masseur/masseuse who is or will be employed, complete page 5 and 6

8. List proposed equipment with a brief description of each piece of proposed equipment, complete page 7

9. Submit with this application a floor plan showing the number of rooms and interior arrangement.

10. Attach a copy of the Zoning Permit and or Use and Occupancy Certificate.

I understand that if I knowingly make a misrepresentation or false statement on this application, I am guilty of a misdemeanor and, upon conviction, may be subject to a fine not exceeding One Thousand Dollars (\$1,000.00) or imprisonment not exceeding ninety (90) calendar days or both, as defined in Chapter 1, Article 1-22, of the Harford County Code.

In consideration of the granting of this license, I agree that I will conform to and abide by all the rules and regulations of the office of Department of Inspections, Licenses and Permits, and in accordance with the Harford County Code, Chapter 166, as amended.

Applicant's Signature

Print Name

Date

Massage Establishment Application

If the applicant is a corporation, list the name and residence address of each of the officers and directors of said corporation and of each stockholder owning more than ten percent (10%) of the stock of the corporation and the address of the corporation itself, if different from the address of the massage establishment. *List below if applicable*

Corporation Name _____

Corporation Address _____

City _____ **State** _____ **Zip Code** _____

Officers and or Directors:

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Massage Establishment Application

If the applicant is a partnership, list the name and residence address of each of the partners, including limited partners, and the address of the partnership itself, if different from the address of the massage establishment.
List below if applicable

Partnership Name _____

Partnership Address _____

City _____ **State** _____ **Zip Code** _____

Partners and Limited Partners:

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Massage Establishment Application

List below each masseur/masseuse who is or will be employed in said establishment, giving name, address, a statement of individual qualifications, and the name and address of the last place of business where each individual worked:

Name _____

Address _____

City _____ State _____ Zip Code _____

Former Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Former Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Statement of Qualifications: _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Former Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Former Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Statement of Qualifications: _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Former Employer _____

Employer Address _____

Former Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Statement of Qualifications: _____

Massage Establishment Application

List below each masseur/masseuse who is or will be employed in said establishment, giving name, address, a statement of individual qualifications, and the name and address of the last place of business where each individual worked:

Name _____

Address _____

City _____ State _____ Zip Code _____

Former Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Former Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Statement of Qualifications: _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Former Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Former Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Statement of Qualifications: _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Former Employer _____

Employer Address _____

Former Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Statement of Qualifications: _____

Massage Establishment Application

Provide a list of the proposed equipment and a brief description of each piece of the proposed equipment.

Equipment	Description