



Chandler + Arizona  
Where Values Make The Difference

175 S. Arizona Ave, Suite A  
Chandler AZ 85225

# Massage Establishment Application Chapter 17 of the Chandler City Code

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

### Massage Establishment:

**Nonrefundable Application Fee:** \$50.00 \_\_\_\_\_

**Initial permit fee:** Jan. – Dec. \$100.00 \_\_\_\_\_

April – Dec. \$75.00 \_\_\_\_\_

July – Dec. \$50.00 \_\_\_\_\_

Oct. – Dec. \$25.00 \_\_\_\_\_

**Fingerprinting Fee:** \$22.00 \_\_\_\_\_ - **Money Order Only** – Made Payable to “DPS”

Complete application fully. Indicate N/A or No if question does not apply. \*Applicants must be at least 18 years of age.

1. Applicant’s full legal name (including middle name) and residence address:

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First	Middle	Last				Phone No.:			
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Street		City	State	Zip					

2. Personal Data: Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Eye color \_\_\_\_\_  
 Date of Birth\* \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_  
 Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
 SS No. \_\_\_\_\_ Other names or nicknames used in the past five years \_\_\_\_\_

3. List two residence addresses at which applicant lived prior to present address:

1) \_\_\_\_\_ Date of Residence: \_\_\_\_\_  
 2) \_\_\_\_\_ Date of Residence: \_\_\_\_\_

4. Applicant’s full business name and desired location address:

Business Entity Name and dba: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 \_\_\_\_\_

5. Massage business or professional license / permit history during past five years:

Entity issuing license/permit:	Type of license / permit:	Date Issued:	Expiration Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Business, occupation or employment history of applicant (including periods of unemployment) during the past five years:

From \_\_\_\_\_ Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 To \_\_\_\_\_ Street Address \_\_\_\_\_  
 Position \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From \_\_\_\_\_ Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 To \_\_\_\_\_ Street Address \_\_\_\_\_  
 Position \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From \_\_\_\_\_ Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 To \_\_\_\_\_ Street Address \_\_\_\_\_  
 Position \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From \_\_\_\_\_ Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_

To \_\_\_\_\_ Street Address \_\_\_\_\_

Position \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

7. Have you ever been convicted of a felony or misdemeanor? No \_\_\_ Yes \_\_\_ If yes, list below. (Do not include minor traffic convictions, except those which are alcohol related):

Date: Place Convicted:	Offense:
_____	_____
_____	_____

8. Are there any arrests, indictments, or summonses pending against you? No \_\_\_ Yes \_\_\_ If yes, list below.

Date: Location (City and State)	Offense:
_____	_____
_____	_____

9. Have you ever been fined, posted bond, been ordered to deposit bail, imprisoned, had a sentence suspended, or placed on probation for violation of any law or ordinance? No \_\_\_ Yes \_\_\_ If yes, list below.

Date:	Location (City and State)	Offense:	Disposition:
_____	_____	_____	_____
_____	_____	_____	_____

10. Have you or any entity in which you have been involved ever had a business or professional license or permit rejected, denied, revoked, suspended, or fined in this or any other state? No \_\_\_ Yes \_\_\_ If yes, list below.

Date	Location (City, State)	Type of License / Permit	Cause for Denial/Suspension/Revocation
_____	_____	_____	_____

**False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a permit.**

Requirements: Any other names by which the applicant has been known during the previous five (5) years.

The two (2) residence addresses immediately prior to the present address of the applicant, and the dates of residence at each address.

Written proof that the applicant is at least eighteen (18) years of age.

The business, occupation or employment history of the applicant during the previous five (5) years.

NOTE: Additional requirements must be met prior to a permit being approved. These requirements can be found in code sections 17-3.4 and 17-5.

**All applicants must be fingerprinted at the Chandler Police Department, 250 East Chicago Street. Police approval is required before a permit can be issued.**

I hereby certify that, to the best of my knowledge and belief, the information shown on this application is complete and accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CITY USE ONLY**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Date record check received: \_\_\_\_\_

Record check made by: \_\_\_\_\_ Chief of Police: \_\_\_\_\_

Comments: \_\_\_\_\_