

**APPLICATION FOR PERMIT TO OPERATE MASSAGE ESTABLISHMENT  
OR OUTCALL MASSAGE SERVICE  
UNDER CHAPTER 626, SLCRO**

Name of Sole Owner or Partners \_\_\_\_\_

Name of Massage Establishment \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip Code

**Applicant must provide the following information (if Partnership, EACH partner). Make a xerox copy for EACH partner to complete #'s 1-8 below):**

1. Full Name \_\_\_\_\_  
First Middle Initial Last

2. Present Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip Code

3. Two Previous Addresses:  
\_\_\_\_\_  
Street City State Zip Code Dates: \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code Dates: \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

5. Businesses, Occupations or Employments for the three (3) years immediately preceding date of application (if additional space is needed attach additional sheets):  
\_\_\_\_\_  
\_\_\_\_\_

6. Previous experience in the operation of a Massage Establishment, Outcall Massage Service or similar business or occupation (if additional space is needed attach additional sheets):  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever had a permit to operate a Massage Establishment or Outcall Massage Service that was revoked or suspended in this or any other State? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details (if additional space is needed attach additional sheets):  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been convicted for violation of any criminal Statutes or Ordinances other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details (if additional space is needed use the back of this page or attach additional sheets):  
\_\_\_\_\_  
\_\_\_\_\_

I do solemnly swear that the information contained in this application or incorporated here by reference is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Individual

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
Notary Public

List the requested information on each Masseur or Masseuse who is or will be employed in said Establishment or engage in Outcall Massage Service and show how each is paid. If an independent Contractor, furnish copy of written agreements wherein the terms of such status are set forth and show the amounts of money paid or to be paid and method of computation (if additional space is needed, make a xerox copy of this page):

Name \_\_\_\_\_  
First Middle Initial Last  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_  
Straight Salary \$ \_\_\_\_\_ Commission \$ \_\_\_\_\_ Ind. Contractor \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Initial Last  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_  
Straight Salary \$ \_\_\_\_\_ Commission \$ \_\_\_\_\_ Ind. Contractor \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Initial Last  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_  
Straight Salary \$ \_\_\_\_\_ Commission \$ \_\_\_\_\_ Ind. Contractor \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Initial Last  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_  
Straight Salary \$ \_\_\_\_\_ Commission \$ \_\_\_\_\_ Ind. Contractor \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Initial Last  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_  
Straight Salary \$ \_\_\_\_\_ Commission \$ \_\_\_\_\_ Ind. Contractor \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Initial Last  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_  
Straight Salary \$ \_\_\_\_\_ Commission \$ \_\_\_\_\_ Ind. Contractor \_\_\_\_\_

Attached to this application are the following:

- 1) License fee of 500.00 (if renewal, \$100.00) made payable to the St. Louis County Director of Revenue;
- 2) Copy of Registration of Fictitious Name with Secretary of State;
- 3) Recent photo of front of premises;
- 4) If acquisition is through purchase from previous operator, submit copy of bill of sale;
- 5) If leased, attach copy of lease;
- 6) A description or drawing, map or diagram of the area of the premises to be used as a massage establishment;
- 7) Copy of paid business personal property tax receipt

Each applicant (if Partnership, each partner) must furnish:

- 1) Two 2" x 2" portrait photograph of self;
- 2) Legal documentation proving date of birth (as birth certificate, valid drivers license, voting certificate, etc.)

Each masseur, masseuse and employee who is to be employed in establishment or engaged as an independent contractor therein must furnish:

- 1) Two 2" x 2" portrait photographs of self;
- 2) Legal documentation proving that individual is eighteen (18) years of age or older;
- 3) All convictions of violations of criminal statutes or ordinances, other than minor traffic violations, and lawful pardons or rehabilitative activity related thereto;
- 4) Written proof of the training and experience in the field of massage;
- 5) If individual is engaged as an independent contractor, please attach a copy of such agreement or a statement indicating the terms of such status.

If application is a renewal submit the following:

- 1) Completed application, signed and notarized.
- 2) Letter from doctor stating applicant is free from communicable diseases.
- 3) Renewal fee of \$100.

These attachments are incorporated into this application by reference and are a part of this application as though set out word-for-word herein.

The undersigned Applicant(s) state(s) that the information contained in this application or incorporated here by reference is true, correct and complete to the best of his/her/their knowledge.

Signature of Owner or Partner	Signature of Partner
Signature of Partner	Signature of Partner

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.