



Board of Public Safety

Civic Center Complex, Room 301 • 1 NW Martin Luther King Jr., Blvd.

Evansville, Indiana 47708 • (812) 436-7897

MASSAGE THERAPY CLINIC OPERATION APPLICATION

QUALIFICATIONS

The Licensee shall:

1. Have the proper zoning.
2. Not employ as a manager or therapist anyone who cannot or does not meet the qualifications of a therapist.
3. Not have as an owner of 5% or more of the business a person who has been convicted of Prostitution or Promoting Prostitution within 5 years of submitting an application or who has committed any acts in any state that could constitute a violation of Indiana Code 35-45-4-4 or 35-45-4-2, if committed in Indiana.
4. Keep the premises in a clean and healthy condition to prevent the spread of disease and in accordance with the Vanderburgh County Health Department.
5. Shall have a working lavatory at the premises and provide soap so therapists shall have facilities to wash their hands.
6. Maintain an ongoing supply of sanitary towels or a hand dryer providing heated air conveniently location near each lavatory. Common towels are prohibited.
7. Sanitize all equipment, devices, and tables, or provide a sanitized, protective covering to be used by or on each patient.
8. Use as massage therapists only those persons who are licensed as massage therapists by the Board of Public Safety or licensed to perform acts constituting massage therapy by the State of Indiana.
9. Conduct business in accordance with the Evansville Municipal Code and state and federal laws.
10. Not permit a massage therapist to practice on an individual if the therapist has a communicable or infectious disease (including, but not limited to, an open wound, an acute respiratory infection, vomiting, or diarrhea), which may be transmitted during the performance of the massage therapy.
11. Not falsify any information on this application.
12. Permit the Vanderburgh County Health Department, Evansville Police Department, Evansville Fire Inspectors, Vanderburgh County Building Inspectors, and/or other duly authorized representatives of the City of County to inspect the premises during business hours and/or working hours of the Licensee to ensure compliance with the Evansville Municipal Code and state and federal laws.
13. Be in compliance with all local, state, and federal building codes, fire codes, and Americans with Disabilities Act of 1990 (ADA) requirements applicable to the premises.
14. Pay \$50.00 FEE per license, per location, to the City of Evansville Controller's Office after approval of the license.
15. Ensure that each business location shall have a separate license.

RETURN THIS APPLICATION AND ALL APPROPRIATE DOCUMENTATION TO:

Board of Public Safety
Civic Center
15 NW Martin Luther King, Jr. Boulevard
Evansville, IN 47708



MESSAGE THERAPY CLINIC OPERATION APPLICATION

Legal Name of Applicant _____

Name of Massage Clinic _____

Type of Business (circle one) Partnership Individual Corporation

State in Which Business is Registered _____ State License No. _____
(if applicable)

Business Address(es) _____

City/State/Zip Code _____

Business Telephone Number (include Area Code) _____

Days/Hours of Operation _____

List Types of Business to be Conducted at Location _____

Number of Employees _____ Number of Massage Tables _____ Number of Shower Stalls _____

EMPLOYEE INFORMATION

| Legal Name | Social Security Number | Home Address | Phone Number |
|------------|------------------------|--------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

(Attach separate sheet if necessary)

Has any employee, manager, owner, partner, or board member been charged with or convicted of a felony or any crime involving moral turpitude? (circle one) Yes No

If yes, list name of person and location _____

(Attach separate sheet if necessary)



Board of Public Safety

Civic Center Complex, Room 301 • 1 NW Martin Luther King Jr., Blvd.

Evansville, Indiana 47708 • (812) 436-7897

MASSAGE THERAPY CLINIC OPERATION APPLICATION

BOARD OF DIRECTORS AND MANAGERS

Complete the information below for all members of the board of directors and all managers. Attach separate sheet, if necessary.

1. Legal Name _____

Title _____

Social Security No. _____ - _____ - _____ Date of Birth _____

Place of Birth _____ Phone No. (include Area Code) _____

Home Address _____

City/State/Zip Code _____

Previous Names and/or Aliases _____

Experience/Qualifications related to the operation of other massage clinics, including dates/locations:

2. Legal Name _____

Title _____

Social Security No. _____ - _____ - _____ Date of Birth _____

Place of Birth _____ Phone No. (include Area Code) _____

Home Address _____

City/State/Zip Code _____

Previous Names and/or Aliases _____

Experience/Qualifications related to the operation of other massage clinics, including dates/locations:



Board of Public Safety
Civic Center Complex, Room 301 • 1 NW Martin Luther King Jr., Blvd.
Evansville, Indiana 47708 • (812) 436-7897

MASSAGE THERAPY CLINIC OPERATION APPLICATION

DATE SUBMITTED

Date this application submitted to Board of Public Safety _____

NOTARY PUBLIC AUTHORIZATION

This application must include a Notary Public who has authorized the signature of the applicant.

----- FOR NOTARY PUBLIC USE ONLY -----

I, the undersigned, swear and affirm that all statements and representations in this application are true and correct.

Signature of Applicant

STATE OF INDIANA
VANDERBURGH COUNTY

_____ being duly sworn, deposes and says that the matters
and things in the foregoing application are true.

Subscribed and sworn to and before me, a Notary Public, in and for said County and State, this

_____ day of _____, _____.

Signature of Notary Public

County of Residence _____ My Commission Expires _____

QUESTIONS

For information, call 812-436-7897. TDD No. 812-436-7975

----- FOR BOARD OF PUBLIC SAFETY USE ONLY -----

Application Approved/Denied _____ Date _____

By: Clerk of the Board of Public Safety