



## APPLICATION FOR MASSAGE ESTABLISHMENT CHANGE OF LOCATION

NON-REFUNDABLE \$50.00 DUE AT TIME OF APPLICATION - CODE 0570

**ACCURACY IS IMPORTANT -- CHECK ALL ANSWERS FOR ACCURACY. FALSE OR INCOMPLETE ANSWERS OR OMISSIONS MAY RESULT IN NON-ACCEPTANCE, DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.**

### SECTION I. CURRENT ESTABLISHMENT INFORMATION

Establishment Name	
Establishment Street Address	
City, State, Zip	Phone Number

### SECTION II. NEW LOCATION INFORMATION

Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
Has ownership changed? <input type="checkbox"/> No <input type="checkbox"/> Yes <span style="float: right; font-size: x-small;">If yes, you must complete a full Massage Establishment Application</span>	
New Street Address	<b>Effective Date</b>
Cit, State, Zip	Phone number (if changing)

### SECTION III. LISTING OF CONTROLLING PERSON(S) WITH 20% OR GREATER INTEREST IN THE OWNERSHIP OR EARNINGS OF THE BUSINESS

Title/Position	Name	% Owned

### SECTION IV. SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Print Name	Signature	Date
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### FOR OFFICE USE ONLY

### SECTION V. SIGNATURE AND CERTIFICATION

Zoning <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason for Denial
Building Safety <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason for Denial
Signature	Date