

Revenue Collections Operations
Licensing Office
 55 North Center Street
 Mesa Arizona
 (480) 644-2316 Tel



Mailing Address
 PO Box 1466
 Mesa Arizona 85211-1466
 (480) 644-3999 Fax

**MASSAGE & BODYWORK ESTABLISHMENT LICENSE
 SUPPLEMENTAL QUESTIONNAIRE
 ADDITIONAL OWNERS AND OFFICERS OTHER THAN APPLICANT**

SECTION I. CONTROLLING PERSON(S) WITH 10% OR GREATER OWNERSHIP INTEREST OR EARNINGS OF THE BUSINESS

Name		Last		First		M.	
Home Address							
City, State, Zip						Home Phone Number	
Previous names by which you have been known and the years in which they were used.							
Title/Position at Establishment						Personal Email Address	
Social Security Number				Date of Birth (month, day, year)		US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Birth City, State, Country						Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	Color of Eyes	Weight	Height	Color of Hair			

SECTION II. RESIDENTIAL ADDRESSES FOR PAST 10 YEARS BEGINNING WITH PRESENT ADDRESS

From	To	Street Address	City, State
	Present		

SECTION III. APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR PAST 10 YEARS

From	To	Business Name	City, State, Zip

CITY OF MESA - MASSAGE & BODYWORK ESTABLISHMENT LICENSE SUPPLEMENTAL QUESTIONNAIRE

CONTROLLING PERSON NAME FROM SUPPLEMENTAL QUESTIONNAIRE PAGE 1,SECTION I:

SECTION IV. BACKGROUND INFORMATION

(Please read carefully. If not answered completely, it may be cause for this license request to be denied.)

In the past 10 years, have you had a felony arrest or been convicted of a felony, misdemeanor, including dismissals, expungement, or convictions that have been set aside, but excluding civil traffic offenses? ☐ Yes ☐ No

(If yes, list al convictions below. Attach separate sheet if needed.)

Date	Offense	Location of Offense	Outcome

Have you ever had a business license suspended, denied or revoked in this or any other city, state county, or federal agency? ☐ Yes ☐ No

Date	License Type	City/State/County	Reason for Action & Outcome

SECTION V. SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby give consent to the City of Mesa to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Mesa or its or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Mesa.

I certify that the statements made in this application are true, complete, and correct to the best of my knowledge. Any false, misleading, or incomplete information constitutes grounds for denial of this license. I understand that issuance of a business license shall in no way be construed as permission to operate a business in violation of any other law or regulation to which such activity may be subject. Also, this license does not preclude the authority of other city agencies. I should call the Planning Division at 480-644-2385 if I have questions concerning land use, zoning, before engaging in business.

I also certify that I am familiar with the Code provisions governing the Massage and Bodywork Establishment License that I am applying for. I hereby attest that I have verified that no person not qualified to own, control, or manage a Massage or Bodywork Establishment is involved in the ownership, control, or management of this applicant.

Print Name	Signature	Date