

CITY OF PACIFIC  
300 Hoven Drive  
Pacific, Missouri 63069  
(314) 271-0500  
Fax: 257-7017

**AFFIDAVIT OF MASSAGE ESTABLISHMENT APPLICATION**  
**Employing licensed massage therapists only**  
(Per Section 645.020 of the Municipal Code)

New: \_\_\_\_\_ Renewal: \_\_\_\_\_ Date of Application: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

*Please print or type answers.*

Business Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner information as follows:

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Color of eyes: \_\_\_\_\_ Color of hair: \_\_\_\_\_

Previous addresses for last three (3) years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Businesses, occupations or employment of the applicant for three (3) years immediately preceding the date of the application.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Any convictions of any crimes, felony, or misdemeanor, other than minor traffic offences, and including any ordinance violations, other than minor traffic offenses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name and address of each massage therapist, masseur, masseuse, or employee who is currently, or to the knowledge of applicant will be, employed in such establishment or who will work as an independent contractor therein, and the terms and the terms and conditions of such employee or contact.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

(Continue on back if needed)

- ☞ If applicant is a corporation , please attach the name and address of the officers and directors of said corporation and of each stockholder of the corporation. Each of the aforementioned officers, directors and stockholders shall be required to furnish the same information as to the individual as to the individual or as to the individual or partnership applicant stated herein.



Upon receipt of the application, the City Clerk shall refer the application to the Police Department. Within thirty (30) days from the date of said application, the records shall be reviewed and an inspection of the premises proposed to be used as a massage establishment shall be made and a written report shall be made to the City Clerk and the Board of Aldermen concerning compliance with the respective requirements. This report shall be forwarded to the Board of Aldermen for review and approval or denial by a majority of the Board.

- ☞ *A License fee of fifty dollars (\$50.00) shall accompany this application.*

I hereby declare that this application is true and correct to the best of my knowledge and understand that any false or misleading statements may be grounds for revocation or suspension of this License. I hereby authorize investigation to verify any of this information. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons schools, companies and law enforcement from any liability for damage whatsoever in issuing this information.

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Signature of Applicant

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Date

CITY OF PACIFIC  
300 HOVEN DRIVE  
PACIFIC, MISSOURI 63069  
(636) 271-0500  
FAX: (636) 257-7017

AFFIDAVIT OF MASSAGE THERAPIST APPLICATION

New: \_\_\_\_\_ Renewal: \_\_\_\_\_ Date of Application \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

*Please print or type answers.*

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Employment Title: \_\_\_\_\_

\*City of Pacific requires a copy of your State License to be attached to this application.

The cost of the massage therapist license is \$25.00 per year.