

TOWN OF CHILI

BUILDING DEPARTMENT 3333 CHILI AVENUE, ROCHESTER, NY 14624 PH: (585) 889-6143 FAX: (585) 889-8710



MASSAGE BUSINESS REGISTRATION APPLICATION

Business Information Legal Name Address City, State, Zip Phone Email Entity Type (IF ANY)	For Official Use Zoning Classification Tax I.D. #
Business Owner Information (MUST LISTALLOWNERS)	Employee Information (MUST PROVIDE A COPY OF LICENSE FOR EACHEMPLOYEE PER ARTICLE 155/160 OF N.Y.S. EDUCATION LAW)
Legal Name Address City, State, Zip Phone Email Driver's License # Licensed Massage Practitioner YES / NO NYS License #	Legal Name Address City, State, Zip Phone Email NYS License # Position Full/Part Time
Legal Name Address City, State, Zip Phone Email Driver's License # Exp. Date Licensed Massage Practitioner YES / NO NYS License #	Legal Name
Legal Name Address City, State, Zip Phone Email Driver's License # Licensed Massage Practitioner YES / NO NYS License #	Legal Name

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hereby certify that:

- a) All of the information contained in this application is complete, true and correct.
- b) All owners shall be responsible for the conduct of all its employees, agents, independent contractors or other representatives, while on the premises of the business or establishment or providing massage therapy.
- c) Failure to comply with the New York State Education Law, any local, State, or Federal law, or the provisions of this chapter (§500-30) may result in revocation of the business's registration permit.

Owners Signature

___ Date__

Business registration shall be valid from date of issuance and shall automatically expire on December 31 of the calendar year in which it was issued. ** Yearly Renewal Is Required**