

MASSAGE PRACTITIONER/ESTABLISHMENT REGISTRATION RENEWAL

General Information: Complete application as indicated below. Individual applicants in private practice should follow the directions below for "Massage Practitioners". Send or deliver all applications to the Allentown Health Bureau, Environmental Health Services, 410 City Hall, 435 W. Hamilton St., Allentown, PA, 18101-1699. Make check or money order payable to the City of Allentown, Bureau of Health. **DO NOT SEND CASH.** Call (610) 437-7759 if you have any questions. All registrations expire annually on January 31.

INSTRUCTIONS

Massage Practitioners: Applicants must complete Sections A and D of this form. You must submit the renewal fee of \$30.00 with your application.

Massage Establishments: Applicants must complete Sections B, C, and E of this form. You must submit the renewal fee of \$30.00 with your application. Corporate and partnership applicants may be further required to submit a PA State Police Criminal History Background Check for each new corporate officer, director or manager.

A. MASSAGE PRACTITIONER

1. Name _____
2. Address (No PO Boxes) _____
3. Phone (home) _____
4. Phone (business) _____ 5. Social Security No. _____
6. Height _____ 7. Weight _____ 8. Sex _____ 9. Date of Birth _____

INDICATE BELOW WHERE YOU PRACTICE MASSAGE:

10. Name of Facility _____
11. Address _____

12. Phone _____
13. Will you also practice massage at private clientele locations? _____ yes _____ no

B. MASSAGE ESTABLISHMENT	C. OWNER INFORMATION
<ol style="list-style-type: none"> 1. Facility Name _____ 2. Address _____ _____ 3. Phone _____ 4. Manager Name _____ 5. Emergency Phone _____ 	<ol style="list-style-type: none"> 1. Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Other (Specify) _____ 2. Owner's Name _____ 3. Owner's Address _____ _____ 4. Phone _____ 5. Where should all future correspondence be mailed? Please check one. <input type="checkbox"/> Facility address in Section B. <input type="checkbox"/> Owner address in Section C.

REGISTRATION FEES	
Practitioner	\$30.00
Establishment	\$30.00

FOR HEALTH BUREAU USE ONLY	
Amount Rec'd _____	Expiration Date _____
Date Rec'd _____	Reviewed By _____
Registration # Issued _____	Date _____

D. MISCELLANY:

1. Have you attended any special classes (for the study of massage) during the last year? (Specify and attach certificates.)

2. Have you ever been convicted of a crime? (specify) _____

3. List any illnesses or maladies which limit your scope of ability to perform a massage.

E. SUPPLEMENTAL INFORMATION - ESTABLISHMENT APPLICANT

1. If a partnership or corporation, list the names and addresses of all partners and officers:

Name _____	Address _____	Title _____
Name _____	Address _____	Title _____
Name _____	Address _____	Title _____
Name _____	Address _____	Title _____

Use additional sheets if necessary.

2. List the names and addresses of all massage practitioners associated with the establishment:
(Note: Each practitioner must be individually registered with the City of Allentown.)

Name _____	City Registration No. _____
Name _____	City Registration No. _____
Name _____	City Registration No. _____
Name _____	City Registration No. _____

Use additional sheets if necessary.

3. Indicate your hours of operation: _____
4. Indicate the names and locations of any massage establishment with which the applicant or any partner or officer of the applicant has been associated in any way:

Application is hereby made for a registration as a massage practitioner or establishment. By this application, it is agreed that the applicant will comply with all applicable ordinances and regulations. It is further agreed that said establishment shall be open to inspection by an authorized City of Allentown official. I understand that any deception or falsehood of this application will be cause for rejection. I also understand that the registration certificate issued is NOT TRANSFERABLE.

SIGNATURE

TITLE (Establishment applications only)

DATE