

# Alexandria Health Department



## MESSAGE ESTABLISHMENT PERMIT APPLICATION

**REPLY TO:** Environmental Health Division  
4480 King Street, Rm 360  
Alexandria, VA 22302  
Ph: 703-746-4910, Fax: 703-746-4919  
<http://alexandriava.gov/MassagePermits>

**Application For:**  New Permit  Renew Existing Permit  Update Information  
 Change of Ownership (Estimated Date of Settlement: \_\_\_\_\_)  
(Previous Establishment Name: \_\_\_\_\_)

COMPLETE AND SUBMIT THIS PERMIT APPLICATION WITH ALL APPLICABLE APPLICATION FEES TO THE ALEXANDRIA HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION. **ALL APPLICATION FEES ARE NON-REFUNDABLE.**

### FACILITY:

Name (d/b/a): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

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

Months of Operation:  Year-Round  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Days of Operation:  7-Days / Week  Su  M  Tu  W  Th  F  Sa

Hours of Operation: Open: \_\_\_\_\_ AM / PM Close: \_\_\_\_\_ AM / PM

### CONTACT INFORMATION:

Facility Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### OWNER:

Legal Owner type:  Corporation  LLC  Individual  Partnership  Other Legal Entity

Association, Corporation, LLC, Partnership Name: \_\_\_\_\_

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

**CRIMINAL OFFENSES:**  I have attached \_\_\_ documents  No documents attached.

List on a separate sheet and attach to this application, **all** criminal offenses for which the owner or operator has been convicted or in relation to which you have pleaded nolo contendere or suffered a forfeiture, including the offenses identified in Alexandria City Code Section 11-4.2-3(b). See the attachment for more information.

**THERAPISTS:** On the reverse, include a list of therapist's approved to work at your location.

### NOTICES:

It is unlawful for any person to make a false statement on this application and discovery of a false statement shall constitute sufficient grounds in and of itself, for denial of an application or revocation of a permit, or for the imposition of a fine or imprisonment or both. No person may provide or administer a massage at this massage establishment for which the permit is sought without a massage therapist permit issued under this chapter (11-4.2) and I have read and understand this statement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

[www.alexhealth.com](http://www.alexhealth.com)



[www.vdh.virginia.gov](http://www.vdh.virginia.gov)

**OFFICE USE ONLY**

**THIS SECTION IS COMPLETED BY THE HEALTH DEPARTMENT**

**FACILITY DATA**

Tax Map: \_\_\_\_\_

Date Closed in Plan Review Database: \_\_\_\_\_ Closed by: \_\_\_\_\_

Permit Conditions: \_\_\_\_\_  
\_\_\_\_\_

Permit Application Date: \_\_\_\_\_ Permit Fee Paid Date: \_\_\_\_\_

Recommended for Permit by: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

File Active Date (VENIS) : \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**THERAPIST INFORMATION:**

As a massage establishment, you have the authority to allow or prohibit a massage therapist to provide services under your massage establishment permit. In the space below, include a list of those therapists you will allow to provide services under your establishment during the upcoming permitted period.

<b>Therapist's Name</b>	<b>Virginia Board of Nursing # (State Board License)</b>	<b>State Board Expiration</b>	<b>Alexandria Expiration</b>

**CRIMINAL OFFENSES**

Alexandria City Code Section 11-4.2-3 (b) refers to Sections 18.2-344 through 18.2-361 or sections 18.2-372 through 18.2-387 of the Code of Virginia (1950), as amended. These sections relate to sexual offenses, prostitution, obscenity, and similar offenses.

## **PERMIT FEES**

Permit fees are not required for applications updating contact information. All other applicants must submit a \$25 non-refundable permit fee. Acceptable methods of payment include cash, check, and money order, with checks or money orders made payable to the "City of Alexandria." Pay cash payments in person.

## **NEW ESTABLISHMENTS**

Establishments not recently permitted as a massage establishment will require a plan review prior to submitting an application for permit. Once a plan review has been completed, submit this application and the Establishment Permit Application with the application fees to our office. Visit our website at <http://alexandriava.gov/MassagePermits> for more information about these processes.

## **RENEWAL PROCESS**

Applications and permit fees may be submitted in person or mailed to the Alexandria Health Department, Environmental Health Division, 4480 King Street, 3<sup>rd</sup> floor, Alexandria, VA 22302.

Once the application and payment is received, a new permit will be printed and given or mailed to the establishment's address. The effective dates of the new permit will be set to ensure that the establishment will maintain a continual permitted status (ex. If the establishment's previous permit expired on January 31, 2009, the next issued permit will be set to begin February 1, 2009 and expire on January 31, 2010). Receipts will not be returned unless specifically requested.

## **PERMITTED THERAPISTS**

Only massage therapists permitted by the Alexandria Health Department AND certified by the Virginia Board of Nursing can provide massage services at your establishment. Both credentials must be up-to-date and accurate. Like therapists, if a business owner would like to provide massage services, he/she must obtain the Alexandria Health Department massage therapist permit and Board of Nursing Certification.

As a massage establishment, you have the authority to allow or prohibit a massage therapist to provide services under your massage establishment permit. We request that a therapist submit a letter from you stating that you will allow them to provide services under your permit. Should a therapist discontinue (voluntarily or involuntarily) a business relationship with your establishment, notify the Health Department in writing of this change.

## **INDEPENDENT CONTRACTORS**

As a reminder, therapists who serve as a contractor with your business may require a separate business license. For more information, contact the Business Tax Branch at 703-746-3909.