



ALEXANDRIA HEALTH DEPARTMENT

Environmental Health Division

4480 King Street, Suite 360

Alexandria, VA 22302

Phone: 703.746.4910

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www.alexandriava.gov/EnvironmentalHealth

Stephen A. Haering, MD, MPH
Health Director

MESSAGE ESTABLISHMENT PERMIT APPLICATION

Application for: **New Facility** **Renewal** **Update Information**
 Change of Ownership (Estimated Date of Settlement _____)
(Previous Facility Name: _____)

FACILITY INFORMATION

Facility Name (Trading as): _____

Physical Address: _____

Mailing Address (if different from facility address): _____

Onsite Telephone #: _____ Phone #: _____ Email: _____

Contact Person Name: _____ Position: _____

FACILITY OWNER INFORMATION:

Legal Owner type: Association Corporation LLC Individual Partnership Other Legal Entity

Association, Corporation, Partnership Name: _____

CRIMINAL OFFENSES: I have attached _____ documents No documents attached.

List on the back or 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\(b\)](#).

THERAPISTS: The following therapists have been approved to work at this location:

Therapist's Name	Virginia Board of Nursing # (State Board License)	State Board Expiration Date	Alexandria Permit Expiration Date

Additional therapists listed on back

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: _____ Date: _____

Applicant's Name (printed): _____

APPLICATION AND/OR PERMIT
FEES ARE **NON-REFUNDABLE**



\$25 Permit Application Fee
Deposit to 119768-7043

FACILITY DATA BOX TO BE COMPLETED BY HEALTH DEPARTMENT

FACILITY DATA

Tax Map: _____ VENIS Physical Location Name (if different from Facility): _____
 Date Closed in Plan Review Database: _____ Closed by: _____
 Permit #: _____
 Permit Conditions: _____
 Permit Application Date: _____ Permit Fee Paid Date: _____
 Recommended for Permit by: _____ Date: _____
 Supervisor Approval: _____ Date: _____
 Date File Created in VENIS: _____ Permit Issue Date: _____ Initials: _____

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F-HEA-0183 (Updated: August 2012)

ADDITIONAL THERAPISTS

Therapist's Name	Virginia Board of Nursing # (State Board License)	State Board Expiration Date	Alexandria Permit Expiration Date

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, 3rd 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.