



# ALEXANDRIA HEALTH DEPARTMENT

## Environmental Health Division

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Health Director

[www.alexandriava.gov/EnvironmentalHealth](http://www.alexandriava.gov/EnvironmentalHealth)

### MESSAGE THERAPIST PERMIT APPLICATION

Application for:  New Therapist \*  Update Contact Information \*Requires Application Fee  
 Renewing Permit \*  Adding New Work Location

### THERAPIST INFORMATION:

Legal Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

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

Contact Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

VA Board of Nursing Certification Number: \_\_\_\_\_ Certificate Expires: \_\_\_\_\_

### CRIMINAL OFFENSES:

List **all** criminal offenses for which you have 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)\*.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*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.

### WORK LOCATIONS: List all locations where you have been approved to work.

Establishment or Hotel Name	Address	Telephone #	New
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

**NOTICES:** It is unlawful for any person to make a false statement on this application and the discovery of a false statement shall constitute sufficient grounds, in and of itself, for the denial of an application or revocation of a permit, or for the imposition of a fine or imprisonment or both.

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Police Use Only (for NEW THERAPISTS)		
New Applicant <input type="checkbox"/> Approved	Chief of Police or his Agent's Signature:	Date:
Background Check: <input type="checkbox"/> Denied (see attached)		

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



\$50 Permit Application Fee  
Deposit to 119768-7043