



BOISE CITY

**MASSAGE ESTABLISHMENT
LICENSE APPLICATION**

OFFICE USE ONLY

DATE _____ CITY LICENCE # _____

NEW RENEWAL FINGERPRINTS

CERTIFICATE OF OCCUPANCY

PROOF OF LEASE/PROOF OF PROPERTY OWNERSHIP

COPY OF STATE DRIVER'S LICENSE
OR STATE IDENTIFICATION CARD

STATE MESSAGE THERAPIST:

EMPLOYEES

MANAGER (IF PRACTICING)

OWNER (IF PRACTICING)

NON REFUNDABLE FEES:

LICENSE	\$260.00	PHOTO	\$ 5.00
FINGERPRINTS.....	\$ 42.00	PROCESSING	\$ 1.50
		TOTAL FEES DUE	_____

ESTABLISHMENT NAME _____

ADDRESS _____
Street City Zip

MAILING ADDRESS _____
Street City Zip

TYPE OF MESSAGE TO BE ADMINISTERED _____

BUSINESS EMAIL _____ **PHONE** _____

MANAGER'S NAME _____

OWNER #1 NAME _____

OWNER #2 (if applicable) NAME _____

LIST ALL MESSAGE THERAPISTS EMPLOYED AND WORKING IN THE ESTABLISHMENT:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____
- 7. _____ 8. _____

OVER

MANAGER'S NAME _____
First Middle Last

OTHER NAMES KNOWN BY (INCLUDING MAIDEN) _____

RESIDENT ADDRESS _____
Street City Zip

EMAIL ADDRESS _____ PHONE _____

MANAGER'S EMPLOYMENT FOR PAST FIVE (5) YEARS

1. NAME OF EMPLOYER _____
ADDRESS _____
DESCRIBE DUTIES _____

2. NAME OF EMPLOYER _____
ADDRESS _____
DESCRIBE DUTIES _____

3. NAME OF EMPLOYER _____
ADDRESS _____
DESCRIBE DUTIES _____

1. HAVE YOU, WITHIN THE LAST FIVE (5) YEARS BEEN CONVICTED OF, PAID ANY FINE, BEEN PLACED ON PROBATION, RECEIVED A DEFERRED SENTENCE, RECEIVED A WITHHELD JUDGEMENT, SUFFERED THE FORFEITURE OF A BOND FOR FAILURE TO APPEAR OR COMPLETED ANY SENTENCE OF CONFINEMENT FOR ANY FELONY OR MISDEMEANOR, EXCLUDING TRAFFIC INFRACTIONS?

YES NO _____

IF YES, LIST ALL DETAILS, SUCH AS DATE, PLACE AND NATURE OF CRIME. _____

2. HAS ANY MESSAGE ESTABLISHMENT OR SIMILAR BUSINESS OR OCCUPATION WITH WHICH YOU HAVE BEEN ASSOCIATED IN THE LAST FIVE (5) YEARS, HAD A MESSAGE OR SIMILAR LICENSE OR APPLICATION THEREFORE DENIED, REVOKED OR SUSPENDED?

YES NO _____

IF YES, GIVE DETAILS _____

3. DO YOU HEREBY AUTHORIZE THE CITY OF BOISE, ITS AGENTS AND EMPLOYEES, TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN YOUR APPLICATION AND QUALIFICATIONS?

YES NO

STATEMENT OF OATH

I swear and affirm, under penalty of perjury pursuant to Title 18, Chapter 54 Idaho Code, that the statements contained in the above application for a Massage Establishment License are true and correct to the best of my knowledge.

_____ Date _____
SIGNATURE OF MANAGER

STATE OF IDAHO

> ss

COUNTY OF ADA

On this _____ day of _____ in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he / she executed the same.

NOTARY PUBLIC FOR IDAHO

RESIDING AT _____, IDAHO

MY COMMISSION EXPIRES _____

OWNER'S NAME _____
First Middle Last

OTHER NAMES KNOWN BY (INCLUDING MAIDEN) _____

RESIDENT ADDRESS _____
Street City Zip

EMAIL ADDRESS _____ PHONE _____

OWNER'S EMPLOYMENT FOR PAST FIVE (5) YEARS

1. NAME OF EMPLOYER _____
ADDRESS _____
DESCRIBE DUTIES _____

2. NAME OF EMPLOYER _____
ADDRESS _____
DESCRIBE DUTIES _____

3. NAME OF EMPLOYER _____
ADDRESS _____
DESCRIBE DUTIES _____

1. HAVE YOU, WITHIN THE LAST FIVE (5) YEARS BEEN CONVICTED OF, PAID ANY FINE, BEEN PLACED ON PROBATION, RECEIVED A DEFERRED SENTENCE, RECEIVED A WITHHELD JUDGEMENT, SUFFERED THE FORFEITURE OF A BOND FOR FAILURE TO APPEAR OR COMPLETED ANY SENTENCE OF CONFINEMENT FOR ANY FELONY OR MISDEMEANOR, EXCLUDING TRAFFIC INFRACTIONS?

YES NO _____

IF YES, LIST ALL DETAILS, SUCH AS DATE, PLACE AND NATURE OF CRIME. _____

2. HAS ANY MESSAGE ESTABLISHMENT OR SIMILAR BUSINESS OR OCCUPATION WITH WHICH YOU HAVE BEEN ASSOCIATED IN THE LAST FIVE (5) YEARS, HAD A MESSAGE OR SIMILAR LICENSE OR APPLICATION THEREFORE DENIED, REVOKED OR SUSPENDED?

YES NO _____

IF YES, GIVE DETAILS _____

3. DO YOU HEREBY AUTHORIZE THE CITY OF BOISE, ITS AGENTS AND EMPLOYEES, TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN YOUR APPLICATION AND QUALIFICATIONS?

YES NO

STATEMENT OF OATH

I swear and affirm, under penalty of perjury pursuant to Title 18, Chapter 54 Idaho Code, that the statements contained in the above application for a Massage Establishment License are true and correct to the best of my knowledge.

_____ Date _____

SIGNATURE OF OWNER

STATE OF IDAHO

> ss

COUNTY OF ADA

On this _____ day of _____ in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he / she executed the same.

_____ NOTARY PUBLIC FOR IDAHO

RESIDING AT _____, IDAHO

MY COMMISSION EXPIRES _____