

Concord Township
Application to Establish or Maintain Massage Establishment

In accordance with Ordinance No. 270, adopted October 1, 2002, all applicants must file an application, under oath, and pay a non-refundable annual license fee.

This application shall not be accepted by Concord Township until all of the required information has been provided and all fees have been paid. Any subsequent change in any of the information provided hereunder must be reported in writing to the township within ten (10) days of said change.

Date: _____

Detailed description of services to be provided:

Location where business is to be located:

Employer Identification Number and mailing address of business:

All telephone numbers which are listed to or which provide service to or messages for the establishment:

Name, residence address, and phone number of each applicant:

If the applicant is a corporation or limited liability company, the name, social security number and residence address of each of the officers, directors and members/shareholders, together with the address of the corporation or limited liability company, if different from the address of the massage establishment.

If the applicant is a partnership (limited or general), the names and residence address and phone numbers of each of the partners and the address of the partnership itself, if different from the address of the massage establishment.

Two (2) previous business addresses used by the business immediately prior to the date of this application:

Provide the business occupation or employment of the applicant, if an individual, for the five (5) years immediately preceding the date of this application:

In previously operating in this or another township or state:

Business license history:

(a) Has a business license been revoked or suspended? Yes No

(1) If so, state the reason, dates of suspension and date, if any, of reinstatement: _____

(2) Provide a detailed history of applicants' business activities or occupations subsequent to such action of suspension or revocation.

List all summary, misdemeanor and felony criminal convictions of each applicant and include the date of each conviction, the nature of the crime, and the court term and number of each conviction and the county and state of each:

Name and address of the school, date of state accreditation and a copy of the diploma, certificate or other documentation evidencing that each masseur/masseuse has successfully completed the curricula of an accredited school:

The name and address of any massage establishment or other similar business owned or operated by any person, corporation or partnership whose name is required to be listed anywhere on this application:

Description of any other business proposed to be operated on the same premises or adjoining premises owned, rented, or controlled by the applicant or any officer of the applicant:

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK

PART I: TO BE COMPLETED BY REQUESTER
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)

DATE OF REQUEST

*** TYPE OR PRINT LEGIBLY WITH INK ***

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME			
ADDRESS			
CITY	STATE	ZIP	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

- INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE.
- FEE EXEMPT NONCRIMINAL JUSTICE AGENCY
- *** DO NOT SEND CASH OR PERSONAL CHECK ***

NAME/SUBJECT OF RECORD CHECK (LAST)	(FIRST)	(MIDDLE)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING) ELDER CARE CHILD CARE SCHOOL DISTRICT
- ADOPTION/FOSTER CARE
- OTHER (SPECIFY)

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

- INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE-ENTIRE CRIMINAL HISTORY (AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

<p>REQUESTER CHECKLIST</p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p style="text-align: center;">*** DO NOT SEND CASH OR PERSONAL CHECK ***</p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p style="text-align: center;">PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY - 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday - Friday)</p>
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PART II: CENTRAL REPOSITORY RESPONSE ONLY ***DO NOT WRITE BELOW THIS LINE***

<p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p> <p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p><input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p>INQUIRY DISSEMINATED BY</p> <p>SID NUMBER</p> <p>CERTIFIED BY</p> <p style="text-align: right;">(DIRECTOR, CENTRAL REPOSITORY)</p>
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This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.