



POLICE DEPARTMENT
300 Park Avenue, Suite G2 Falls Church, VA 22046
MESSAGE THERAPIST PERMIT APPLICATION

Today's Date [ ] Original Permit [ ] Renewal E-mail Address \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Last 4 of Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Name and address of the Massage Establishment you will be working at: [ ]

Are you the owner? [ ] Yes [ ] No

Name/address/phone number of the previous massage establishment you worked for: [ ]

Have you ever been convicted, pled Nolo Contendere or suffered a forfeiture on any felony charge or on a charge of violating any provision included in the Virginia State Code: 18.2-344-18.2-361; 18.2-365-18.2-387, 390 or 391, which laws relate to sexual offenses or on a similar charge in any other jurisdiction? If yes, explain below. [ ] Yes [ ] No

Date/Offense/Location/Disposition [ ]

AFFIDAVIT FOR RELEASE OF INFORMATION

I hereby give consent and authorize the City of Falls Church Police Department to search the files of the Central Criminal Records Exchange and report the results of such search to the agent or individual authorized in this document to receive same. I swear (affirm) that all of the above information is true and correct to the best of my knowledge.

I understand that it is unlawful for any person to make a false statement on this application and discovery of a false statement shall constitute grounds for denial of an application or revocation of a permit.

Signature of Applicant \_\_\_\_\_

In the [ ] City [ ] County of \_\_\_\_\_

Commonwealth of Virginia

Sworn before me this date \_\_\_\_\_

Signature of Notary \_\_\_\_\_

My commission expires on \_\_\_\_\_