

**CITY OF BRUNSWICK – DIVISION OF BUILDING  
4095 CENTER ROAD, BRUNSWICK, OHIO 44212**



**APPLICATION TO OPERATE A MESSAGE ESTABLISHMENT - \$100 ANNUAL FEE**

This form is available at [www.brunswick.oh.us](http://www.brunswick.oh.us)

(PLEASE PRINT)

APPLICANT NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

STATE OF INCORPORATION/REGISTRATION \_\_\_\_\_

DATE OF INCORPORATION/REGISTRATION \_\_\_\_\_

**MEMBERS/SHAREHOLDERS/PARTNERS OF APPLICANT:**

Include a list of the name, address and SSN/EIN of each Member/Shareholder/Partner or other person/entity that has an interest in Applicant.

**APPLICANT LICENSES:**

Include a list of all licenses issued to Applicant, including copies thereof, for operation as a Massage Establishment.

**MASSAGIST EMPLOYEES:**

Include a list of the name, date of birth, Social Security Number, residential address, (including copies thereof) and Driver's License for all Massagist employees.

**APPLICANT AFFIDAVIT**

State of Ohio, County of \_\_\_\_\_

Being duly sworn, the undersigned states that the statements contained in this Application, including all attachments hereto, are complete and true to the best of his/her knowledge and belief.

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

Title: \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary Public)

DATE RECEIVED BY THE DIVISION OF BUILDING \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

DATE DENIED \_\_\_\_\_

SIGNATURE OF CHIEF BUILDING OFFICIAL \_\_\_\_\_