

CITY OF CONOVER MESSAGE BUSINESS APPLICATION

Type of Applicant (check one)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation

Name and Home Address of <u>ALL</u> Owner(s) or Member(s) of Applying Company				
Name	Street	City	State	Zip

Should more space be needed, attach additional pages to this form.

Business Name and Location of Massage Business				
Name	Street	City	State	Zip

A complete statement of ALL convictions for any felony prostitution or violation of any law relative to prostitution.

Should more space be needed, attach additional pages to this form.

A complete statement of any revocation by any governmental unit of any license to operate a massage business.

Should more space be needed, attach additional pages to this form.

List any other business names and addresses of other massage related businesses owned or operated by any of the listed owner(s) or manager(s).

City of Conover Official Use Only

Zoning/Planning Permission to operate at Proposed Location listed: <input type="checkbox"/> Confirmed <input type="checkbox"/> Denied	Photo ID's for Owner/Manager(s) <input type="checkbox"/> Received	Conover Police Department <input type="checkbox"/> Confirmed <input type="checkbox"/> Denied
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Initials of Applicants _____

Signature of Applicant _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 _____

Signature of Notary _____

Printed Name of Notary Public _____

My Commission Expires _____, 20 _____

The city reserves the right to request submission of any additional information deemed necessary to process the application.

The city reserves the right to revoke the license at any time redeemed under Ord. No 2-96, 1-8-96; Ord. No. 6-12 § 1, 4-2-12.

Application Fee of (\$75.00) Received: Cash Check No. _____ Received On: _____

FINAL APPROVAL

City Manager _____	Chief of Police _____
Planning Director _____	Fire Chief _____