



BOROUGH OF NAUGATUCK

MASSAGE THERAPY ESTABLISHMENTS APPLICATION



MASSAGE THERAPY ESTABLISHMENTS APPLICATION

1. CONTACT INFORMATION

- a. Full Legal Name of Applicant:
- b. Mailing Address:
- c. Email Address:
- d. Phone Number:

2. LOCATIONS

- a. Primary Location: the main location associated with the record
- b. Property Owner Information:
- i. Full Legal Name of Owner:
 - ii. Mailing Address:
 - iii. Email Address:
 - iv. Phone Number:
 - v. Property Data:

3. APPLICATION TO OPERATE A MESSAGE ESTABLISHMENT

a. In accordance with the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 entitled "Massage Therapy Establishments" all services offered at your Massage Therapy Establishment must be listed in this application. In the event that new services are added after this application is submitted and a permit is issued, the Massage Therapy Establishment must notify the Naugatuck Police Department in writing before offering such services. Similarly, any changes in personnel after this application is submitted and a permit is issued must also be reported to the Naugatuck Police Department. By submitting this application, authorization is granted to verify employee information. Please note that permits are non-transferable and must be renewed annually. Additionally, all massage therapists are required to apply for a separate permit annually to practice in the Town of Naugatuck.

b. The following items will need to be required and need to be uploaded with this application:

Provide ALL information requested

- i. Two Colored Portrait Photographs of Applicant, Massage Therapists, and Non-licensed Employees. The photographs must be at minimum 2x2 inches in size, showing the face, neck, and shoulders of each person.
- ii. Complete set of fingerprints from Applicant, Massage Therapists, and Non-licensed Employees, taken by the Town of Naugatuck Police Department
- iii. Certified Copy of massage therapist(s) State of CT Massage Therapy License(s)
- iv. Application Fee: Payable to the Town of Naugatuck
- v. Plans for Physical Layout of the Establishment

These items will be required to upload on the last step of this application. Application will not be submitted and completed without uploading these items

4. APPLICANT INFORMATION

a. Name of Applicant

b. Home Address

c. Have you used any other name in the past 5 years? Yes No

If yes, list name(s):

d. Is the applicant the sole proprietor? Yes No

e. If the applicant is a sole proprietor, written proof of age in the form of a driver's license or a picture identification document containing the applicant's date of birth issued by an agency of a state or federal government must be submitted.

- i. Applicant proof of Age Provided
- ii. Colored Portrait Picture of Applicant Provided
- iii. Complete set of fingerprints taken by the town of Naugatuck police department Provided

5. ESTABLISHMENT FACILITY INFORMATION

a. Name of establishment

b. Legal description of establishment

c. Establishment address

d. Establishment phone number

e. Establishment email

f. Establishment fax

g. Is correspondence to be mailed to establishment address? Yes No

h. Hours of Operation: (No Massage Therapy Establishment shall be open between 9:00 PM and 7:00 AM in accordance with the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 entitled "Massage Therapy Establishments":

6. MASSAGE SERVICES OFFERED: LIST TYPES OF MASSAGE SERVICES AND PRICES

a. Service 1: Price 1:

b. Etc.

Additional Service 2: Price:

Additional Service 3:	<input type="text"/>	Price:	<input type="text"/>
Additional Service 4:	<input type="text"/>	Price:	<input type="text"/>
Additional Service 5:	<input type="text"/>	Price:	<input type="text"/>

7. LIST MESSAGE THERAPISTS

(Attach additional pages if necessary)

Therapist #1

a. Therapist Name

b. Therapist Date of Birth

c. Therapist Home Address

d. Therapist License Number

e. Therapist Phone Number

f. Two portrait photographs (size minimum: 2x2 inches) and a certified copy of the State of CT Massage Therapist License will be required for each therapist to submit this application.

g. Have you ever had your massage therapy license Denied, Suspended, or Revoked? * Yes No

h. If yes, please explain:

i. Have you ever been convicted of any offenses other than motor vehicle violations within the past ten years? * Yes No

j. If yes, please explain:

k. Initial below to certify that this person has read and is familiar with the provisions of the the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 entitled "Massage Therapy Establishments", copies of the Article have been provided to this person, such persons were instructed that they will be responsible for ensuring compliance with all applicable provisions therein, and licensee shall undertake an ongoing and robust managerial program aimed at the prevention of specified criminal activities at the establishment. *

Initials:

l. By Initialing below, this person authorizes the Naugatuck Police Department or a contracted service provider to conduct criminal background checks of such persons, and authorizing the Naugatuck Police Department to take fingerprints of any or all such persons. *

Initials:

Therapist #2

- a. Therapist Name
- b. Therapist Date of Birth
- c. Therapist Home Address
- d. Therapist License Number
- e. Therapist Phone Number

f. Two portrait photographs (size minimum: 2x2 inches) and a certified copy of the State of CT Massage Therapist License will be required for each therapist to submit this application.

g. Have you ever had your massage therapy license Denied, Suspended, or Revoked? * Yes No

h. If yes, please explain:

i. Have you ever been convicted of any offenses other than motor vehicle violations within the past ten years? * Yes No

j. If yes, please explain:

k. Initial below to certify that this person has read and is familiar with the provisions of the the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 entitled "Massage Therapy Establishments", copies of the Article have been provided to this person, such persons were instructed that they will be responsible for ensuring compliance with all applicable provisions therein, and licensee shall undertake an ongoing and robust managerial program aimed at the prevention of specified criminal activities at the establishment. *

Initials:

l. By Initialing below, this person authorizes the Naugatuck Police Department or a contracted service provider to conduct criminal background checks of such persons, and authorizing the Naugatuck Police Department to take fingerprints of any or all such persons. *

Initials:

Therapist #3

- a. Therapist Name
- b. Therapist Date of Birth
- c. Therapist Home Address
- d. Therapist License Number
- e. Therapist Phone Number

f. Two portrait photographs (size minimum: 2x2 inches) and a certified copy of the State of CT Massage Therapist License will be required for each therapist to submit this application.

g. Have you ever had your massage therapy license Denied, Suspended, or Revoked? * Yes No

h. If yes, please explain:

i. Have you ever been convicted of any offenses other than motor vehicle violations within the past ten years? * Yes No

j. If yes, please explain:

k. Initial below to certify that this person has read and is familiar with the provisions of the the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 entitled "Massage Therapy Establishments", copies of the Article have been provided to this person, such persons were instructed that they will be responsible for ensuring compliance with all applicable provisions therein, and licensee shall undertake an ongoing and robust managerial program aimed at the prevention of specified criminal activities at the establishment. *

Initials:

l. By Initialing below, this person authorizes the Naugatuck Police Department or a contracted service provider to conduct criminal background checks of such persons, and authorizing the Naugatuck Police Department to take fingerprints of any or all such persons. *

Initials:

8. LIST OTHER EMPLOYEES

a. If your Massage Therapy Establishment has multiple employees who are NOT massage therapists, please add the information requested for each additional employee.

Employee #1

b. Employee Name

c. Employee Date of Birth

d. Employee Home Address

e. Employee License Number

f. Employee Phone Number

g. Two portrait photographs (size minimum: 2x2 inches)

h. Complete set of fingerprints for employee taken by the Naugatuck Police Department

i. Have you ever had your massage therapy license Denied, Suspended, or Revoked? * Yes No

j. If yes, please explain:

k. Have you ever been convicted of any offenses other than motor vehicle violations within the past ten years? * Yes No

l. If yes, please explain:

m. Initial below to certify that this person has read and is familiar with the provisions of the the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 entitled "Massage Therapy Establishments", copies of the Article have been provided to this person, such persons were instructed that they will be responsible for ensuring compliance with all applicable provisions therein, and licensee shall undertake an ongoing and robust managerial program aimed at the prevention of specified criminal activities at the establishment. *

Initials:

n. By Initialing below, this person authorizes the Naugatuck Police Department or a contracted service provider to conduct criminal background checks of such persons, and authorizing the Naugatuck Police Department to take fingerprints of any or all such persons. *

Initials:

Employee #2

b. Employee Name

c. Employee Date of Birth

d. Employee Home Address

e. Employee License Number

f. Employee Phone Number

g. Two portrait photographs (size minimum: 2x2 inches)

h. Complete set of fingerprints for employee taken by the Naugatuck Police Department

i. Have you ever had your massage therapy license Denied, Suspended, or Revoked? * Yes No

j. If yes, please explain:

k. Have you ever been convicted of any offenses other than motor vehicle violations within the past ten years? * Yes No

l. If yes, please explain:

m. Initial below to certify that this person has read and is familiar with the provisions of the the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 entitled "Massage Therapy Establishments", copies of the Article have been provided to this person, such persons were instructed that they will be responsible for ensuring compliance with all applicable provisions therein, and licensee shall undertake an ongoing and robust managerial program aimed at the prevention of specified criminal activities at the establishment. *

Initials:

n. By Initialing below, this person authorizes the Naugatuck Police Department or a contracted service provider to conduct criminal background checks of such persons, and authorizing the Naugatuck Police Department to take fingerprints of any or all such persons. *

Initials:

Employee #3

b. Employee Name

c. Employee Date of Birth

d. Employee Home Address

e. Employee License Number

f. Employee Phone Number

g. Two portrait photographs (size minimum: 2x2 inches)

h. Complete set of fingerprints for employee taken by the Naugatuck Police Department

i. Have you ever had your massage therapy license Denied, Suspended, or Revoked? * Yes No

j. If yes, please explain:

k. Have you ever been convicted of any offenses other than motor vehicle violations within the past ten years? * Yes No

l. If yes, please explain:

m. Initial below to certify that this person has read and is familiar with the provisions of the the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 entitled "Massage Therapy Establishments", copies of the Article have been provided to this person, such persons were instructed that they will be responsible for ensuring compliance with all applicable provisions therein, and licensee shall undertake an ongoing and robust managerial program aimed at the prevention of specified criminal activities at the establishment. *

Initials:

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Initials:

9. QUESTIONS

a. Have you previously operated a Massage Establishment in Connecticut or any other state? Yes No

b. If YES, list Establishment Name, Address, and Dates of Operation

10. LIST PERSONS WITH FINANCIAL INTEREST

a. Provide names and addresses of persons with a financial interest in your Massage Therapy Establishment and the amount of interest. If your Massage Therapy Establishment has multiple people with a financial interest, please hit "enter" and add the information requested for each additional person.

11. WATER SUPPLY & SEWAGE DISPOSAL

a. Please select the water supply and sewage disposal type used at the Massage Therapy Establishment:

- b. Water Supply: Public Water or Private Well Public Water Private Well
- c. Sewage Disposal: Septic System or Private Sewer Septic System Private Sewer

12. FOOD OR BEVERAGE

a. Is food or beverage provided for the public on site? Yes No

b. If yes, describe food or beverage offered

13. NUMBER OF TREATMENT ROOMS/WORKSTATIONS and OTHER RELATED ITEMS WITHIN THE FACILITY

a. Indicate the Number of each:

- b. Treatment rooms
- c. Workstations
- d. Storage rooms
- e. Medical storage rooms
- f. Bathrooms
- g. Showers
- h. Handwashing sinks
- i. Shampoo sinks

- j. Manicuring stations
- k. Pedicure chairs
- l. Chemical mixing sinks
- m. Saunas
- n. Whirlpools
- o. Autoclaves
- p. Washer
- q. Dryer
- r. Other

s. If other please describe

14. AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND CHECK

a. By signing this application, I authorize the Town of Naugatuck to conduct a criminal background check to assist in determining my eligibility for a permit to operate a Massage Therapy Establishment. I understand that the application fee does not cover the cost of fingerprinting and background checks.

b. Applicant Signature

c. Applicant Signature Date

15. TOWN OF NAUGATUCK ORDINANCE FOR MASSAGE THERAPY ESTABLISHMENTS ACKNOWLEDGEMENT

a. By initialing below, I confirm that I have read and understood the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 entitled "Massage Therapy Establishments".

b. Ordinance signature acknowledgment

c. Ordinance acknowledgment date

16. MESSAGE ESTABLISHMENT VERIFICATION SIGNATURE

Notice: Pursuant to the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 entitled "Massage Therapy Establishments".

no person shall operate or maintain within the Town of Naugatuck any massage therapy establishment without a valid license issued by the Chief of Police. Only a person who complies with the requirements of the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 , shall be entitled to receive or retain such a license.

By signing this application, I agree to abide by and provide the required information as outlined in the Town of Naugatuck Municipal Codes and Ordinances. In addition, I will adhere to all other applicable State of Connecticut and local regulations.

Massage Therapy Establishments must be in compliance with all other applicable Federal, State, and Local Laws including Building, Fire, and Zoning code provisions. No permit will be granted until the applicant has satisfied the Chief of Police that the establishment is in compliance with such code provisions.

I HEREBY SWEAR THAT THE FOREGOING REPRESENTATIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE MY RESPONSIBILITIES AS SET FORTH ABOVE.

Applicant Signature & Date

[Redacted signature and date box]

20. CONSENT AUTHORIZING THE NAUGATUCK POLICE DEPARTMENT TO CONDUCT BACKGROUND CHECKS AND FINGERPRINTING

a. Written statements of consent signed by the applicant and all employees providing massage therapy at the establishment authorizing the Police Department or a contracted service provider to conduct criminal background checks of such persons, and authorizing the Police Department to take fingerprints of any or all such persons. The applicant shall pay the City for the costs of such fingerprinting at the time of the fingerprinting.

Consent statements attached? Yes No

21. ATTACHMENTS: Please attach the following

- a. Plans for Physical Layout of the Establishment
- b. Operating Policies and Procedures
- c. A signed and sworn affidavit verifying the lawful presence in this country of each person who executes the application on behalf of the applicant. A statement of whether the applicant or any person listed in response to subparagraph (b)(6) of the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 has been an owner, director, officer, partner, member, or shareholder of a massage therapy establishment that has, in the previous five (5) years (and at a time during which the person was so related to the establishment): been declared by a court of law to be a nuisance; or had its license to operate a massage therapy establishment revoked or suspended.
- d. A statement of whether the applicant or any person listed in response to Subparagraph (b)(6) of the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 " has within the previous five (5) years been convicted of or pleaded guilty or entered a plea of nolo contendere to a specified criminal activity as defined in this article, and if so, each specified criminal activity involved, including the date, place, and jurisdiction of each such conviction or plea.

e. A statement of whether the applicant or a person listed in response to Subparagraph (b)(6) of the Borough of Naugatuck Code of Ordinances, Article VI, Chapter 12 " has in the previous twelve (12) months resided with someone who has been an owner, director, officer, partner, member, or shareholder of a massage therapy establishment that has, in the previous five (5) years (and at a time during which the person was so related to the establishment): a. been declared by a court of law to be a nuisance; or b. had its license to operate a massage therapy establishment revoked or suspended.

f. If the applicant is a partnership, limited liability company, corporation or other legal entity required to be incorporated under the laws of the state or authorized by the secretary of state to do business in the state, such entity must be incorporated under the laws of the state or authorized by the secretary of state to do business in the state and must submit copies of the certificate of incorporation, as applicable, or articles of organization, as applicable.

g. If the applicant is a partnership, limited liability company, corporation or other legal entity required to be incorporated under the laws of the state or authorized by the secretary of state to do business in the state, upload a sworn and notarized statement of a registered agent who is a resident of New Haven County, Connecticut and at least 18 years of age, required to be designated by a licensee to receive any process, notice or demand required or permitted by law or under this article to be served upon the applicant.

h. A statement whether the applicant is the owner of the premises wherein the establishment will be operated or the holder of a lease thereon for the period to be covered by the license. If the applicant is a leaseholder, a copy of the lease, as well as the written consent of the owner or its authorized agent, shall be submitted with the license application.

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22. CERTIFICATION

a. I certify under possible penalty of perjury under the laws of this jurisdiction that the preceding information is true and correct.

Signature:

Date:

Printed Name: