

SECTION 2 – SOLE PROPRIETOR

Last Name		Suffix, e.g., Jr., Sr., Esq. (optional)		First Name		Middle Name (optional)	
Social Security Number XXX-XX-□□□□		Date of Birth _/_/___		Birthplace			
Home Address (Building Number, Street Name, Unit, Floor, Suite etc.)						Telephone Number	
City and State				ZIP Code		(Country)	

Applicant's Signature

Applicant's Title (if any)

Print Full Name

Date

Notary's Signature

Date

SECTION 3 - CORPORATE OFFICERS, PARTNERS, AND SHAREHOLDERS

You must provide information for *all* general partners, *all* corporate officers, *all* directors, *all* managers and each shareholder owning 10% or more of the business applying for a license. Note: Limited Liability Companies must provide information for all members. Nonprofits must provide information for *all* officers and all Board of Directors members. **Attach additional sheets if necessary.**

IMPORTANT: If the partner is an entity. The entity must register and remain active with the New York State Department of State.

CORPORATE OFFICERS, PARTNERS, AND SHAREHOLDERS

Individual #1

Last Name		Suffix, e.g., Jr., Sr., Esq. (optional)		First Name		Middle Name (optional)	
Social Security Number XXX-XX-□□□□		Date of Birth _/_/___		Birthplace		Citizenship (Country)	
Home Address (Building Number, Street, Unit, Floor, etc.)				City and State		ZIP Code	
Telephone Number			Number of Shares Held		% Stock Owned		

Applicant's Signature

Applicant's Title (if any)

Print Full Name

Date

Notary's Signature

Date

Individual #2

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship (Country)
Home Address (Building Number, Street, Unit, Floor, etc.)		City and State	ZIP Code
Telephone Number	Number of Shares Held	% Stock Owned	

Applicant's Signature

Applicant's Title (if any)

Print Full Name

Date

Notary's Signature

Date

Individual #3

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship (Country)
Home Address (Building Number, Street Name, Unit, Floor)		City and State	ZIP Code
Telephone Number	Number of Shares Held	% Stock Owned	

Applicant's Signature

Applicant's Title (if any)

Print Full Name

Date

Notary's Signature

Date

Entity #1

Principal Name	Social Security Number XXX-XX-□□□□	Date of Birth _/_/___
Home Address (Building Number, Street, Unit, Floor, etc.)	City and State	ZIP Code
Telephone Number	Citizenship Country	

Applicant's Signature

Applicant's Title (if any)

Print Full Name

Date

Notary's Signature

Date

Entity #2

Principal Name	Social Security Number XXX-XX-□□□□	Date of Birth _/_/___
Home Address (Building Number, Street , Unit, Floor, Suite)	City and State	ZIP Code
Telephone Number	Citizenship (Country)	

Applicant's Signature

Applicant's Title (if any)

Print Full Name

Date

Notary's Signature

Date

SECTION 4: MANAGERS**Manager #1**

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)		
Social Security Number XXX-XX-□□□□	Phone Number	Date of Birth _/_/___	Birthplace	Citizenship (Country)	
Home Address (Building Number, Street Name, Unit, Floor, etc)	City and State			ZIP Code	

Manager #2

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)		
Social Security Number XXX-XX-□□□□	Phone Number	Date of Birth _/_/___	Birthplace	Citizenship (Country)	
Home Address (Building Number, Street Name, Unit, Floor etc.)	City and State			ZIP Code	

SECTION 5: APPLICANT BACKGROUND QUESTIONS – ALL APPLICANTS AND MANAGERS

Please answer the questions below on behalf of all individuals named in the application (i.e., general partners, directors, corporate officers, officers, Board of Directors members, and all shareholders owning 10% or more of company stock). **Attach additional sheets as necessary.**

Some background questions inquire about criminal and/or civil charges. A criminal conviction does not, by itself, mean that an Applicant will not be granted a Town massage establishment license. Factors such as the nature and seriousness of the offense, the amount of time that has passed since the conviction, and an Applicant's age at the time of the conviction will be considered. However, an Applicant's license may be denied if an Applicant fails to disclose a conviction in response to the questions.

1. Has the Applicant or Manager ever been an operator or manager of a massage establishment or similar business within the last five years?

YES NO

If YES, provide the following information:

Name of the Business		Business Address		
City and State	Zip Code	County	Country	Length of Time

2. Has this individual ever had a previous massage establishment or similar license revoked or suspended?

YES NO

If YES, has this individual been convicted of operating or managing such a business without a license?

YES NO

If YES, provide details:

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If you answer YES for any of the following questions, please include a description of the crime, offense or violation and attach all relevant documents to this application. NOTE: Description should include the date of conviction, the nature of the incident, persons involved, and the outcome. Please include convictions for which you might have been imprisoned or fined even if, in fact, you only had to perform community service or were put on probation. You may omit parking violations and offenses that resulted in a finding of juvenile delinquency, youthful offender, wayward minor, or person in need of supervision.

3. Has this individual ever been found guilty of a crime, offense, or violation?

YES NO

If YES, provide a description of the crime, offense, or violation.

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4. Is there any kind of criminal charge whatsoever pending against this individual?

YES NO

If YES, provide a description of the circumstances of the arrest.

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Each applicant must submit two sets of fingerprints to the Chief of Police or his designated representative in conformity with the Fingerprints Law of the Town, along with any fees required by that Chapter 350 of the Town Code. In addition, a certified check or money order in the amount specified by and made payable to the New York State Division of Criminal Justice Services to cover the cost of processing fingerprints shall accompany the application.

5. Is there any Town issued Notice of Violation, Notice of Hearing, Summons, Padlock Order, or other order now in effect and/or pending against this individual or any business operated by this individual?

YES NO

If YES, provide a description of the order, including all Town imposed obligations to pay fines or restitution that have not been satisfied in full.

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SECTION 6: MESSAGE ESTABLISHMENT

1. Business

Name of the Business		Business Address	
City and State	Zip Code	Telephone Number	

2. Private Rooms

Maximum # Private Rooms Utilized	# Entrances	# Exits
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3. Nature of the Massage Services to be Provided

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4. Will any part of the premises be used for any purpose other than for providing massages?

YES NO

If YES, provide a description of the purposes.

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SECTION 7: ALL EMPLOYEE'S PROVIDING MASSAGE SERVICES

Provide copies of each individual's valid licenses, permits and/or registrations required to perform such services. Should the list of persons subsequently change due to new hires or terminations or employment, within ten (10) days of the change the Town Clerk must be notified in writing and provided an updated list.

Employee #1

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship Country
Home Address (Building, Street, Unit, Floor, Suite)		City and State	ZIP Code
Telephone Number	NYS License #	Registration #	Expiration Date _/_/___

Employee #2

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship Country
Home Address (Building, Street, Unit, Floor, Suite)		City and State	ZIP Code
Telephone Number	NYS License #	Registration #	Expiration Date _/_/___

Employee #3

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship Country
Home Address (Building, Street, Unit, Floor, Suite)		City and State	ZIP Code
Telephone Number	NYS License #	Registration #	Expiration Date _/_/___

Employee #4

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship Country
Home Address (Building, Street, Unit, Floor, Suite)		City and State	ZIP Code
Telephone Number	NYS License #	Registration #	Expiration Date _/_/___

Employee #5

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship Country
Home Address (Building, Street, Unit, Floor, Suite)		City and State	ZIP Code
Telephone Number	NYS License #	Registration #	Expiration Date _/_/___

Employee #6

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship Country
Home Address (Building, Street, Unit, Floor, Suite)		City and State	ZIP Code
Telephone Number	NYS License #	Registration #	Expiration Date _/_/___

Employee #7

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship Country
Home Address (Building, Street, Unit, Floor, Suite)		City and State	ZIP Code
Telephone Number	NYS License #	Registration #	Expiration Date _/_/___

Employee #8

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship Country
Home Address (Building, Street, Unit, Floor, Suite)		City and State	ZIP Code
Telephone Number	NYS License #	Registration #	Expiration Date _/_/___

Employee #9

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship Country
Home Address (Building, Street, Unit, Floor, Suite)		City and State	ZIP Code
Telephone Number	NYS License #	Registration #	Expiration Date _/_/___

Employee #10

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Social Security Number XXX-XX-□□□□	Date of Birth _/_/___	Birthplace	Citizenship Country
Home Address (Building, Street, Unit, Floor, Suite)		City and State	ZIP Code
Telephone Number	NYS License #	Registration #	Expiration Date _/_/___

SECTION 8: DRAWINGS

Attach two copies of drawings showing the dimensions of all rooms to be used for massage services AND the locations therein of all massage tables.

SECTION 9: AFFIRMATION – PLEASE READ AND SIGN BELOW

I affirm that I am the applicant or duly authorized by the applicant to complete and submit this license application. I am responsible for the entries made and attachments in this application. I also affirm that I have personally reviewed all of the information entered and the attachments in this application, and that this application is true, correct, and complete to the best of my knowledge. I understand that the certified business must notify the Town of Greenburgh of any material change in the information contained in the application. I understand that the holder of the license will be required to comply with the applicable rules of the Town of Greenburgh that are now in force and those that are enacted in the future.

I understand that the license application process is incomplete until I have received a license duly issued by the Town of Greenburgh and that I may not operate a massage establishment until I have received a Town issued license or otherwise received Town authorization to operate a massage establishment while my application is pending.

PENALTY FOR FALSIFICATION: Any false statement on this application is a crime punishable by a fine, imprisonment, or both. Each false statement is punishable by a fine as high as \$1,000.00. If prosecuted criminally, in addition a fine or civil penalty for each false statement, as high as \$2,000.00, may be imposed. If the Town of Greenburgh determines that I have made any false statement on this application, my license shall be revoked as issued in error.

Applicant's Signature

Applicant's Title (if any)

Print Full Name

Date

Notary's Signature

Date

Print Full Name