



CITY OF CENTERVILLE

APPLICATION FORM FOR SAUNA(S) OR MASSAGE THERAPY ESTABLISHMENT

TRADE NAME

DATE OF APPLICATION

LICENSING PERIOD

FULL NAME OF APPLICANT
OWNER IF INDIVIDUAL

PHONE NUMBER

ADDRESS

CITY

STATE

DATE OF BIRTH

PLACE OF BIRTH

ADDRESS OF BUSINESS
LOCATION _____

LIST OWNERS OF BUILDING OR PREMISE TO BE LICENSED:

NAMES	ADDRESSES	DATE OF BIRTH
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_____	_____	_____
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MANAGER'S NAME	ADDRESS	PHONE
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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OPERATOR'S NAME	ADDRESS	PHONE
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_____	_____	_____
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LIST THREE (3) CHARACTER REFERENCES

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAS APPLICANT/OWNER HIS/HER DESIGNEE EVER BEEN CONVICTED OF A CRIME, OTHER THAN A TRAFFIC VIOLATION?

- YES NO

IF YES, GIVE EXPLANATION ON A SEPARATE SHEET OF PAPER, INCLUDING TIME, PLACE AND NATURE OF EACH CRIME OR OFFENSE AND DISPOSITION THEREOF.

LIST ALL CREDITORS INVOLVED IN THE CONSTRUCTION AND MAINTENANCE IN ANY WAY PROVIDING DEBT OF EQUITY FINANCING TO SAID OPERATION:

LIST CORPORATE OR PARTNERSHIP TITLE, IF ANY _____

CORPORATE OR PARTNERSHIP ADDRESS: _____

LIST ALL OFFICERS, MANAGERS OR DIRECTORS, IF CORPORATION:

NAMES	ADDRESS	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please submit accurate and complete business records showing names and addresses of all individuals having an interest in business including partners, officers, owners and creditors furnishing credit for establishment acquisition and maintenance and furnishing of said business.

Please furnish accurate documentation establishing the interest of the applicant and any other person having interest in the premises upon which the building is proposed to be located or furnished thereof. The documentation shall be in the form of a lease, deed, contract for deed, mortgage deed, etc. and any

other documents establishing interest of the applicant or any other person in the operation.

Please provide blueprints, diagrams, layouts, etc. showing construction and or remodeling to the premises and specifically showing the layout of the bathing and restroom facilities to be used.

Applicants and his/her associates will strictly comply with all regulations promulgated by the City Council of City of Centerville and all ordinances of said municipality.

I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. I further understand that an investigation fee, not to exceed \$250.00 shall be charged an applicant by the City.

Signature of Applicant

Subscribed and sworn to before me
This _____ day of _____, 2007

Notary Public Signature

(Seal)

My Commission Expires _____