CITY OF BOWLING GREEN KY

1017 COLLEGE STREET

BOWLING GREEN KY 42101

Phone 270-393-3000

Website: www.bgky.org

MASSAGE FACILITY LICENSE APPLICATION

This application is for a massage facility as defined in Chapter 15-10.01 of the City Code of Ordinances.

If approved and issued, this license will expire on 12/31 annually and must be renewed no later than thirty (30) days prior to the expiration date of the current license.

APPLICATION FEE- $50.00. (APPLICATION FEE IS NON-REFUNDABLE AND NON TRANSFERABLE)

1. Establishment Name:

2. DBA Name (if applicable):

3. Establishments Phone Number: Click or tap here to enter text. 4. Email Address:Click or tap here to enter text.
5. Establishments Physical Location (P.O. Box is cannot be used for this address):

_____ _____ _____ _____ _____

Street Number & Name Ste # City State Zip

6. Establishment Mailing Address (P.O. Box is allowed for this address):

_____ _____ _____ _____ _____

Street Number & Name Ste # City State Zip

7. List of Owners, Officers, Directors, Members, and/or other Principals and (if applicable) agent residing in Warren County that is the representative for this establishment. (Use additional sheets if necessary)

Warren County Representative Contact for this establishment:

Name _____ Email: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Sole Proprietor:

_____ _____ _____ _____

Last Name First Name Middle Suffix

_____ _____ _____

Date of Birth Social Security Number Position/Title

_____ _____ _____ _____ _____

Street number and Name Ste# City State Zip

Daytime Phone:_____ Evening Phone:_____

Partnerships:

Name of Partnership: _____ Federal Id:_____

List of all partners is required (attach additional sheets if necessary):

Partner #1:

_____ _____ _____ _____

Last Name First Name Middle Suffix

_____ _____ _____

Date of Birth Social Security Number Position/Title

_____ _____ _____

Email Address Phone Number Percentage of ownership

_____ _____ _____ _____ _____

Street number and name Ste # City State Zip Code

Partner #2:

_____ _____ _____ _____

Last Name First Name Middle Suffix

_____ _____ _____

Date of Birth Social Security Number Position/Title

_____ _____ _____

Email Address Phone Number Percentage of ownership

_____ _____ _____ _____ _____

Street number and name Ste # City State Zip Code

Partner #3:

_____ _____ _____ _____

Last Name First Name Middle Suffix

_____ _____ _____

Date of Birth Social Security Number Position/Title

_____ _____ _____

Email Address Phone Number Percentage of ownership

_____ _____ _____ _____ _____

Street number and name Ste # City State Zip Code

CORPORATION, SCORP, LLC, LP OR LLPS

Name of Business Entity:

Kentucky SOS File #: _____ FEIN (Federal Tax ID)_____

Email Address _____ Phone Number: _____

Mailing Address: _____ _____ _____ _____ _____

Street number and name Ste # City State Zip Code

List all officers, directors, registered agents, principals, and resident agent of the corporation (use an additional sheet if necessary:

#1

_____ _____ _____ _____

Last Name First Name Middle Suffix

_____ _____ _____

Date of Birth Social Security Number Position/Title

_____ _____ _____

Email Address Phone Number Percentage of ownership

_____ _____ _____ _____ _____

Street number and name Ste # City State Zip Code

#2

_____ _____ _____ _____

Last Name First Name Middle Suffix

_____ _____ _____

Date of Birth Social Security Number Position/Title

_____ _____ _____

Email Address Phone Number Percentage of ownership

_____ _____ _____ _____ _____

Street number and name Ste # City State Zip Code

#3:

_____ _____ _____ _____

Last Name First Name Middle Suffix

_____ _____ _____

Date of Birth Social Security Number Position/Title

_____ _____ _____

Email Address Phone Number Percentage of ownership

8. ***A list of the names, address and identifications of all massage facility employees known as of the date of the application must be attached. This information must be supplemented within 60 days of the addition of massage facility employees.***

9. Has the applicant or any of its owners, officers, directors, other principals or resident agent been convicted for any misdemeanor or felony, other than a minor traffic violation within the last ten (10) years?
   Yes ☐ No ☐

10. Criminal background records for all states in which the individuals have transacted business within the past ten years must be included with this application.

11. Copy of the Deed or Lease for the location where the license is desired must be attached with this application form.

12. Attach the required occupation history for the past three years of the officers, director, members, principals, and the resident agent.

13. I certify that we will comply with all applicable laws and rules related to this occupation (Local, State, and Federal). I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of the application and/or revocation of the license.

_____ _____ _____

Print Name Email Phone Number

_____ _____

Signature Date

Mail to: City of Bowling Green KY, PO Box 1410, Bowling Green, KY 42102 or

In person: City Hall Annex, 1017 College Street, Bowling Green, KY