

Affidavit concerning State Licensed Massage Therapist(s)

l,	on behalf of _	do solemnly affirm that the (Business Entity name)
(Print Owner/Operator Name)		(Business Entity name)
facility located at		only employs State Licensed Massage Therapists in good
(Facility	y site address)	
standing to perform massages	as outlined in	Ordinance No. BG2025-20 regulating massage facilities. I
have read Ordinance No. BG20	25-20 and un	derstand and agree to comply with the Ordinance in the
event the facility hires an indiv	idual to perfo	rms massages without a State License or employs a Licensec
Massage Therapist whose Lice	nse is not in go	ood standing.
		Signiture:
COMMONWEALTH OF KENTUC	CKY)	
)SS	
COUNTY OF WARREN)	
The foregoing instrum	ent was subsc	ribed and sworn to before me this day
of, 202		auy
		NOTARY PUBLIC
		ID NO My Commission Expires:
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