



License Number: _____

**Department of Cable and Consumer Services
Regulation and Licensing Branch**

12000 Government Center Parkway, Suite 127
Fairfax, Virginia 22035-0047
Telephone 703-324-5966 Fax 703-653-7046 TTY 711

County of Fairfax, Virginia

License and Permit Application

PART 1: ALL APPLICANTS MUST COMPLETE

PERSONAL INFORMATION

Name (First, Middle, Last)				Telephone	Date of Birth		Country of Birth			
Address (Street)		City	State	Zip Code	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Height	Weight	Eyes	Hair	Race
Social Security Number	Have you ever been known by any other name or legally changed your name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:					Email address:				

PREVIOUS ADDRESSES (Past 12 months)

Address (Street)	City	State	Zip Code	From	To

CRIMINAL CONVICTIONS (List all criminal convictions from any federal, state or local jurisdiction in past ten years.)

None Yes If yes, list below:

Charge	Felony or Misdemeanor?	Date	Location (City or County and State)

PART 2: SOLICITOR LICENSE APPLICANTS MUST COMPLETE

BUSINESS INFORMATION

Company for whom you intend to solicit	Business Address (Street)	City	State	Zip Code	Telephone
Type of Goods or Services You Intend to Solicit					
In what manner will you solicit? <input type="checkbox"/> Door to Door <input type="checkbox"/> A temporary location If from a temporary location, list all addresses where you will solicit.					

VEHICLE INFORMATION (Used for Solicitation)

Year	Make	Model	License Plate Number	State	Owner
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PART 3: HACKER LICENSE APPLICANTS MUST COMPLETE

TAXI COMPANY INFORMATION

Taxi Company	Business Address (Street)	City	State	Zip Code	Telephone
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TRAFFIC OFFENSE CONVICTIONS (List all traffic convictions in last 36 months)

None Yes If yes, list below:

Charge	Date	Location (City or County and State)

DRIVER'S LICENSE INFORMATION

Driver's License Number	State where issued	Have you ever had your Driver's License suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why?
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VEHICLE INFORMATION (Private Owners must complete)

Year	Make	Model	License Plate Number	State	Owner
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PART 4: MASSAGE THERAPIST PERMIT APPLICANTS MUST COMPLETE

CERTIFICATION/LICENSURE HISTORY

Virginia Board of Nursing Message Therapist Certification # _____ (Copy of Certification must be provided with this application)	Has your Virginia Massage Therapist Certificate ever been suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide details:
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Have you ever been certified and/or licensed to perform massage therapy in any other jurisdiction? Yes No

If Yes, please provide the following information:

City, County or State where licensed: _____ Year certified or licensed: _____
 City, County or State where licensed: _____ Year certified or licensed: _____

Please answer **Yes** or **No** to **each** of the following questions:

- Have you been placed on probation by any licensing authority in any jurisdiction, or otherwise disciplined for improper practice? Yes No
- Has your massage therapy certification/license ever been suspended or revoked in any jurisdiction? Yes No
- In the past 10 years, have you pled guilty or nolo contendere (no contest) to any federal, state or local criminal charge, or been subject to asset forfeiture as a result of a criminal charge, related to your practice of massage therapy? Yes No

PLEASE LIST BELOW EACH ESTABLISHMENT IN WHICH YOU INTEND TO WORK

Name of Establishment	Street Address	City	State	Zip Code	Telephone #

PART 5: MESSAGE ESTABLISHMENT PERMIT APPLICANTS MUST COMPLETE

MESSAGE ESTABLISHMENT INFORMATION

Name Under Which Establishment Will Operate		Telephone	Fax	Email Address
Street Address of Establishment	City	State	Zip Code	# of Therapists Employed

OWNERSHIP INFORMATION

This Applicant is a: Sole Proprietorship Partnership Privately Held Company Publicly Held Company

Sole Proprietorship - Provide information for owner. Privately Held Company - Provide information for corporate officers and directors.
 Partnership - Provide information for each partner. Publicly Held Company - Provide information for party responsible for daily operations.

Last Name:	Title	Home Address	Telephone
	Fax #	Business Address	Email Address
First Name:			
Middle Name: _____			
Last Name:	Title	Home Address	Telephone
	Fax #	Business Address	Email Address
First Name:			
Middle Name: _____			

MANAGER INFORMATION

Will owner act as on-site manager of spa? Yes No. If no, manager must complete the information below and authorize a criminal background check.

Name (First, Middle, Last)		Telephone	Date of Birth	Country of Birth
Address (Street)	City	State	Zip Code	Gender <input type="checkbox"/> F <input type="checkbox"/> M
				Height
				Weight
				Eyes
				Hair
				Race
Social Security Number	Have you ever been known by any other name or legally changed your name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:			Email address:

LLC OR CORPORATION INFORMATION

Corporate/Company Headquarters Information (Does not apply to sole proprietorship or partnership)

Corporate/LLC Name	Street Address	City	State	Zip Code
Corporate/LLC Contact	Title	Telephone	Fax	Email Address
				State and Date of Filing

PART 6: PAWNBROKERS AND PRECIOUS METAL AND GEM DEALERS MUST COMPLETE

BUSINESS INFORMATION

Name of Business	Type of Business <input type="checkbox"/> Pawnbroker <input type="checkbox"/> PMG Dealer			
Business Street Address	City	State	Zip Code	Telephone
Will other individuals purchase items under your permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will precious metals and gems be purchased by weight? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ALL APPLICANTS MUST READ AND SIGN

PROVIDING YOUR SOCIAL SECURITY NUMBER AND DRIVER LICENSE NUMBER ON THIS FORM

Disclosure of your Social Security Number and Driver License Number on this form is voluntary. These numbers are used as a means of identification of individuals, and are used to facilitate differentiation between individuals with other similar identifying information. Social Security Number and Driver License Number are regarded as confidential licensing information, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose. If you do not disclose this information, you may encounter delays in the processing of your license or permit application and you may not receive your license or permit in a timely manner due to a delay in positive identification of your background check results.

APPLICANT'S VALIDATION STATEMENT

By my signature, I certify that all statements made by me on this application are true to the best of my knowledge.

I understand that if I have made an untrue statement on this application, or omitted or withheld material facts related to my background or prior license history, that my application will be denied by the Department of Cable and Consumer Services, and that I may be subject to criminal prosecution.

Applicant's Signature: _____ Date: _____

NOTARY

Notary Public (Signature)

Sworn and subscribed before me in the County/City of _____

this _____ day of _____, _____

Commission Expires (Date)

FOR OFFICIAL USE ONLY

Approved

Signature

Title

Date

Disapproved

Chief, Regulation and Licensing Branch



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Accommodations will be provided upon request. For information, call Regulation and Licensing Branch, 703-324-5966, TTY 711.



County of Fairfax, Virginia

Department of Cable and Consumer Services
Regulation and Licensing Branch
12000 Government Center Parkway, Suite 127
Fairfax, Virginia 22035-0047
Phone 703-324-5966 Fax 703-449-8659 TTY 711
www.fairfaxcounty.gov/consumer

Consent to Release of Criminal Record Information

I, _____, do hereby consent to a search of the Central Criminal Records Exchange for any records relating to me. I consent to full disclosure of the results of such search to an authorized staff member of the Department of Cable and Consumer Services.

I give this consent and authorization in order to provide the Department of Cable and Consumer Services with full ability to ascertain either the nonexistence or the contents of any criminal records relating to me, as directed by the Fairfax County Code, for the purpose of the Department's consideration of my application for a license or permit.

Signature

Street Address

City & State

Date of Birth: _____

Social Security Number: _____

Sworn and Subscribed before me in the County/City of _____, _____ on
this _____ day of _____ 20_____.

Notary Public

(Signature)

Commission Expires

*Disclosure of your social security number (SSN) will allow a more accurate check of criminal records and will decrease the likelihood of a false match. Your SSN will be disclosed only to law enforcement agencies to determine your fitness for a license or permit. Disclosure of your SSN is voluntary. If you refuse to disclose your SSN, the County will not deny the permit on those grounds. In the event you refuse to disclose your SSN, the County reserves the right to request additional information to conduct a thorough criminal records check.

REQUEST FOR CONVICTION DATA

SECTION 1: To be filled out by the party requesting the Conviction Data

In accordance with § 19.2-389(H) of the Code of Virginia, it is requested that an abstract or copy of conviction data in your files pertaining to the below named individual be furnished for the purpose so stated. Unauthorized dissemination will subject the disseminator to criminal and civil penalties.

Last Name: _____ First Name: _____ Middle Name: _____

Race	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Social Security Number
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Purpose of Request **Background check for license issuance by Regulation and Licensing Branch**

Signature of Requestor	Fairfax County Regulation and Licensing Branch
Elizabeth Henri Stein McCartney	Requestor's Agency/Organization
Printed Name of Requestor	12000 Government Center Parkway, Suite 127
	Fairfax, VA 22035
	Agency Address

NOTARIZATION The above has been acknowledged before me as a true statement in the:

State/Commonwealth of:	County/City of:	Date
Signature of Notary Public	My Commission Expires:	
	the _____ day of _____,	20____

****PLEASE NOTE:** This request may be delayed as much as two (2) weeks due to the need to obtain disposition data that is not available within the Department's files.

THIS REQUEST INCLUDES ONLY CONVICTION DATA OF THE RECORDS OF THE FAIRFAX COUNTY POLICE DEPARTMENT.

Notary Seal

SECTION 2: To be filled out by the person whose conviction data is being requested

I hereby authorize the release of information requested above the purpose so stated.

Signature _____

NOTARIZATION The subject of this request appeared before me and signed the release in the

State/Commonwealth of Virginia	County of Fairfax	Date
Signature of Notary Public	My commission expires	
	the _____ day of _____,	20____

Department Use Only

Notary Seal