



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 |
|------|------|-------|----------------------|-------|-------|

PART 3: HACKER LICENSE APPLICANTS MUST COMPLETE

TAXI COMPANY INFORMATION

| | | | | | |
|--------------|---------------------------|------|-------|----------|-----------|
| Taxi Company | Business Address (Street) | City | State | Zip Code | Telephone |
|--------------|---------------------------|------|-------|----------|-----------|

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? |
|-------------------------|--------------------|--|

VEHICLE INFORMATION (Private Owners must complete)

| | | | | | |
|------|------|-------|----------------------|-------|-------|
| Year | Make | Model | License Plate Number | State | Owner |
|------|------|-------|----------------------|-------|-------|

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: |
|---|--|

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: MASSAGE 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 | Height | Weight | Eyes | Hair | Race |
| | | | | <input type="checkbox"/> F <input type="checkbox"/> M | | | | | |

| | | |
|------------------------|---|----------------|
| 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

| | | | |
|--------------------------------------|-----------|---|------|
| <input type="checkbox"/> Approved | Signature | Title Chief, Regulation and Licensing Branch | Date |
| <input type="checkbox"/> Disapproved | | | |



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

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www.fairfaxcounty.gov/cableconsumer/csd/

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 |
|------|--|---------------|------------------------|

Purpose of Request **Background check for license issuance by Regulation and Licensing Branch**

| | |
|------------------------|--|
| Signature of Requestor | Fairfax County Regulation and Licensing Branch |
|------------------------|--|

| | |
|--------------|--|
| Carl Newcomb | 12000 Government Center Parkway, Suite 127 |
|--------------|--|

| | |
|---------------------------|-------------------|
| Printed Name of Requestor | 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