



Prince William
Health District

Prince William Health District

5 County Complex Court · Suite 240
Woodbridge, VA 22192

Phone: 703-792-6310 ext. 2

Fax: 703-257-4743

www.vdh.virginia.gov/LHD/PrinceWilliam

Massage Establishment Application Submission Requirements

To apply for a new massage establishment or renew an existing permit, please submit the following to the Prince William County Health Department;

- PWC Massage Establishment Application
- Current PWC or City of Manassas Business License
- Board of Nursing/State License of onsite massage therapist
- Copy of Driver's License of listed owners and managers
- Virginia Criminal History Record (see last page for instructions)
- Cash or check payment (checks made payable to Prince William County)
 - Permit renewal - \$153.00
 - New or expired permits - \$204.00

Applications can be dropped off in-person or mailed to 5 County Complex Ct. Suite 240, Woodbridge, VA 22192.

According to Prince William County, Virginia, Code of Ordinances § 12-31. *It shall be unlawful for any person to own, operate or conduct a massage establishment without a valid, nonsuspended permit issued pursuant to this article for such establishment.*

If you have any questions or concerns, please contact 703-792-6310 ext.2

PRINCE WILLIAM HEALTH DISTRICT
DIVISION OF ENVIRONMENTAL HEALTH
MASSAGE ESTABLISHMENT APPLICATION

Renewal Permit Fee: \$153.00

New or Expired Permit Fee: \$204.00

**** Cash or check. Make checks payable to Prince William County ****

Completed applications (with fee) may be dropped off or mailed to:
Prince William Health District, 5 County Complex Court Suite 240 Woodbridge, VA 22192
Call 703-792-6310x2 with any questions.

Complete ALL questions and provide all required attachments including current Business License, Massage Therapist License, and Driver's License(s). (Incomplete applications will not be accepted)

Type of Ownership: Individual Partnership Corporation

NEW PERMIT RENEWAL PROVIDING OUT -CALL SERVICE: Yes or No

Massage Establishment Name: _____

Establishment Address: _____

City/State/Zip: _____ **Phone #:** _____

.....
Applicant's Name/Corporation Name: _____

Residential Street Address: _____

City/State/Zip: _____

Home Telephone Number: (____) _____ **Date of Birth:** _____

Place of Birth Country: _____ **City:** _____ **State:** _____

Email Address: _____

(For Partnerships & Corporations – attach names, residential addresses, and birthdates of each of the other partners/associates, officers/directors, as well as any stockholder owning ten (10) percent or more of the stock of the corporation)**

.....
Have you lived at the same address for the past three (3) years?

YES

NO (List all of your residential addresses for the past three years):

(*For Partnerships & Corporations – attach names and all residential addresses FOR THE LAST THREE YEARS of each of the other partners/associates, officers/directors, as well as any stockholder owning ten (10) percent or more of the stock of the corporation)**



List your current occupation: _____

Have you worked in this occupation for the past three (3) years?

YES (I have worked in this same occupation for the past three years)

NO (List all of your businesses or occupations for the past three years):

(*For Partnerships & Corporations – attach names, businesses or occupations FOR THE LAST THREE YEARS of each of the other partners/associates, officers/directors, as well as any stockholder owning ten (10) percent or more of the stock of the corporation)**

Describe the physical facilities of the proposed massage establishment: _____

Describe the services to be available at the proposed massage establishment:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE, OTHER THAN A MISDEMEANOR TRAFFIC VIOLATION OR TRAFFIC INFRACTION?

(Note: omitting applicable criminal history, is grounds for disapproval of permit)

NO applicable violations

YES (explain in the section below)

(** For Partnerships & Corporations – attach names, applicable criminal offenses and details for each of the other partners/associates, officers/directors, as well as any stock-holder owning ten (10) percent or more of the stock of the corporation – Note: omitting applicable criminal history is grounds for disapproval of permit)**

Have you ever worked at other massage establishments? NO YES

If yes, list names and addresses of previous places of employment:

.....
If different from operator/owners, indicate the name of the manager for the proposed massage establishment. A criminal background check will also be needed.

Manager's Name: _____ **Date:** _____

Residential Street Address: _____

City/State/Zip: _____

Home Telephone Number: (____) _____ **Date of Birth:** _____

Place of Birth Country: _____ **City** _____ **State** _____

If the manager of the proposed massage establishment is not the applicant nor a partner/associate, nor an officer/director nor a major stockholder in the company for whom background information has already been given above, then attach the same information for the operator/manager as was required in the preceding sections for the other principle parties in the business including driver license(s).

I understand that making false statements on this permit application will be grounds for permit denial or revocation in accordance with Section 12-6, Prince William County Code, Sec. 20-6 Town of Occoquan Code.

I hereby certify that all of the information provided in this application is true to the best of my knowledge.

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature Date

Sworn and subscribed before me this _____ day of _____, 20____

Notary Public Signature Notary Public ID # _____

In the City/County of: _____ Commonwealth of Virginia.

My Commission Expires on: _____




CRIMINAL BACKGROUND CHECK FOR ALL OPERATORS/MANAGERS & ALL CORPORATION OFFICERS

FOR CRIMINAL BACKGROUND CHECK PLEASE COMPLETE THE FOLLOWING:

- Go to the website vsp.virginia.gov
- Under the “Services” tab, select “Criminal Record Check”
- Fill out the form titled “(1) Criminal History Records Check (SP-167)”
- Follow all instructions indicated by the vsp website
- Once background check results are received, turn them in along with application packet

SP-167 (Revised 10-01-2018)

VIRGINIA CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

PURPOSE OF THIS REQUEST (Check only one): <input type="checkbox"/> DOMESTIC ADOPTION <input type="checkbox"/> VISA (INTERNATIONAL TRAVEL) <input checked="" type="checkbox"/> OTHER (please specify) MESSAGE LICENSING				 0069483761							
NAME OF INDIVIDUAL TO BE SEARCHED: (Notarized Signature Required in Section 1 Below) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>LAST NAME</u></td> <td style="border: none;"><u>FIRST NAME</u></td> <td style="border: none;"><u>MIDDLE NAME</u></td> <td style="border: none;"><u>MAIDEN NAME</u></td> </tr> <tr> <td style="border: none;">DOE</td> <td style="border: none;">MARY</td> <td style="border: none;">JANE</td> <td style="border: none;">VIRGINIA</td> </tr> </table>				<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>MAIDEN NAME</u>	DOE	MARY	JANE	VIRGINIA
<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>MAIDEN NAME</u>								
DOE	MARY	JANE	VIRGINIA								
<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NUMBER</u>								
U	F	02 / 29 / 2024 (MM/DD/YYYY)	123-45-6789								
Section 1: AFFIDAVIT FOR RELEASE OF INFORMATION: I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.											
_____ Signature											
State of _____ <input type="checkbox"/> County <input type="checkbox"/> City of _____; to wit: Subscribed and sworn to before me on: _____ (MM/DD/YYYY)											
_____ Signature of Notary Public		My commission expires: _____ My registration # is: _____									
Section 2: SIGNATURE OF PERSON MAKING REQUEST: (Agency or Individual Notarized Signature Required) As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named above and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.											
_____ Signature of Agency/Individual Making Request											
State of _____ <input type="checkbox"/> County <input type="checkbox"/> City of _____; to wit: Subscribed and sworn to before me on: _____ (MM/DD/YYYY)											
_____ Signature of Notary Public		My commission expires: _____ My registration # is: _____									
NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST: (If Agency or Agent is Receiving the Results, their Notarized Signature is Required in Section 2)											
Mail Results To:											
NAME MARY JANE DOE		Please provide your contact information in case there is a discrepancy with your form. Phone: (703)123-4567 Email: maryjdoe@gmail.com									
ATTENTION MARY JANE DOE											
ADDRESS 12345 SUDLEY ROAD											
CITY	STATE			ZIP CODE							
DALE CITY	VA	20110									
FEES FOR SERVICE:											
<input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH <input checked="" type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH		* FEES For Volunteers with Non-Profit Organizations: <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH <input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH									
include organization's name, address, and the tax exempt identification number.											
METHOD OF PAYMENT: (Note: Personal Checks Not Accepted) <input type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police) CHARGE CARD: <input checked="" type="checkbox"/> MasterCard  OR <input type="checkbox"/> Visa 		Mail This Form To: Virginia State Police Central Criminal Records Exchange – NCJ P. O. Box 85076 Richmond, Virginia 23285-5076									
Account Number: _____ Expiration: ____/____/____ Signature of Cardholder: _____											
<input type="checkbox"/> Virginia State Police NCJI Account Number: _____											
FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE											
Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange <u>only</u> . Unless fingerprints are submitted, this request will only return Virginia Convictions.											
<input type="checkbox"/> No Virginia Conviction Data – Does Not Preclude the Existence of an Arrest Record <input type="checkbox"/> No Virginia Criminal Record – Name Search Only <input type="checkbox"/> No Virginia Sex Offender Registration Record		<input type="checkbox"/> No Virginia Criminal Record – Fingerprint Search <input type="checkbox"/> Virginia Criminal Record Attached									
Date: _____ By CCRE/ _____		Purpose code: <input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> O									