



Commonwealth of Virginia
Chesapeake Health Department
Division of Environmental Health
748 North Battlefield Boulevard
Chesapeake, VA 23320
(757) 382-8672 Fax (757) 382-8713

Office Records
Date Received _____
\$40 Plan Review _____
\$40 Annual Permit _____

MESSAGE THERAPY ESTABLISHMENT PERMIT APPLICATION
THIS IS NOT A PERMIT TO OPERATE

Please print or type the information requested below and return the completed application, a copy of your business license, and permit fee of \$40 to the address listed above. The establishment and owner's name must be the same as recorded on the City of Chesapeake business license. Please note that permits are not transferable in a Change-of-Ownership.

For new establishments: an application with plan review fee of \$40 must be submitted to the Chesapeake Health Department for review and approval before any work may be done in the facility. If any existing equipment is to be replaced or new equipment is installed, the manufacturer's specifications must also be submitted. Please contact our office at (757)-382-8672 for more information.

<input type="checkbox"/> New Establishment <input type="checkbox"/> Renewal <input type="checkbox"/> Name Change <input type="checkbox"/> Change of Owner
If this is a change of ownership, indicate the previous establishment name _____
Smoking Status: _____

Name of Establishment: _____

Facility Address: _____ Suite # _____

Facility Phone: _____ Fax number: _____

Billing Address: _____

Email Address: _____
(Important for Product Recalls & Public Health Emergencies)

Water Supply: (check appropriate box) Public- Name _____ or Private- Type _____

Sewage: (check appropriate box) Public- Name _____ or Private- Type _____

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Months of Operation: **Jan** **Feb** **Mar** **Apr** **May** **Jun** **Jul** **Aug** **Sep** **Oct** **Nov** **Dec**

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Establishment owner is a/an: Association Corporation Individual Partnership Other Legal Entity

Association, Corporation, Partnership name: _____

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary):

Person directly responsible for the establishment:

Name _____

Title _____

Address _____

Telephone Number: _____

Immediate supervisor of person directly responsible for the establishment:

Name _____

Title _____

Address _____

Telephone _____

Practitioner List

Practitioner Name	Credentials	Status
	<input type="checkbox"/> Proof of general physical examination <input type="checkbox"/> TB risk assessment <input type="checkbox"/> Board of Nursing certification	<input type="checkbox"/> Owner/practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
	<input type="checkbox"/> Proof of general physical examination <input type="checkbox"/> TB risk assessment <input type="checkbox"/> Board of Nursing certification	<input type="checkbox"/> Owner/practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
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	<input type="checkbox"/> Proof of general physical examination <input type="checkbox"/> TB risk assessment <input type="checkbox"/> Board of Nursing certification	<input type="checkbox"/> Owner/practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee

I/we attest to the accuracy of the information provided, affirm to comply with the City of Chesapeake Code of Ordinances Chapter 38 and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Applicant's Signature: _____

Title: _____

Applicant's Name (printed): _____

Date: _____

For Official Use:

Census Tract: _____

Environmental Health Spec. _____

Issue Date: _____

Expiration Date: _____