



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 Annual Permit: _____

Massage Therapy Establishment Permit Application

**** Please fill out application entirely. ****

Application Fee \$40; Make checks payable to *Chesapeake Health Department*.

Purpose: New Establishment Renewal Name Change Owner/Corporation Change

Name of Establishment: _____
 Facility Address: _____ Suite # _____
 Facility Phone: _____ Email Address: _____
 Billing Address: _____

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: _____

Person directly responsible for the establishment:
Name: _____ **Title:** _____
Telephone: _____

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
	<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: _____