



APPLICATION FOR A MASSEUR OR MASSEUSE PERMIT

I, the undersigned, hereby apply to the City of Poplar Bluff, Missouri, for the license above described and for the purpose of inducing the City of Poplar Bluff to issue me said license. I make the statements and answers hereinafter set out and understand and agree that, if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended by said City of Poplar Bluff and I further understand and agree that if I, or any of my employees, shall violate the provisions of any law of the City of Poplar Bluff, or of the State of Missouri, or knowingly allow any person to do so upon the licensed premises, the City of Poplar Bluff may suspend or revoke the license granted hereunder. Applicant further agrees that if the license is granted, inspections may be made in accordance with the regulations and ordinances of the City of Poplar Bluff, Missouri.

1. I, _____ Address _____
am seeking a masseur or masseuse permit to operate in the CITY of POPLAR BLUFF.
2. I am, and will continue to be throughout the term for which this permit is sought, be employed by
the
Business known as _____ and located at _____
_____.
3. Applicant's Social Security Number _____
4. Applicant's date of birth _____
5. Applicant's height _____ weight _____ hair color _____ eye color ____
(Also need a copy of the applicant's fingerprints.)
6. Business occupation or employment of the applicant for three (3) years immediately preceding the
date
of application _____

7. Has applicant ever been convicted of any crimes other than a minor traffic violation? If yes, give
the
place and court in which conviction was obtained and the sentence imposed and the result of such
conviction. _____

8. Name and address of recognized school attended _____

9. Dates attended _____

10. Was diploma or Certificate of Graduation awarded? _____
11. Has applicant been engaged in the operation of a massage establishment previously in this or

another City or State under license? _____ If yes, where? _____

12. If license has been suspended, state reason and date of such suspension. _____

13. Daytime Phone # _____ Evening Phone # _____

Applicant's Signature

Date

Business Address

Residence Address

STATE OF MISSOURI}
} ss
COUNTY OF BUTLER }

_____, of lawful age, being first duly sworn upon _____ oath,
deposes and says that _____ has read this application and fully understands same and that _____
knows the contents thereof and the answers and statements contained therein and tha the same are true.

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

*****DISCLAIMER*****

Two (2) photo ID's of applicant as well as fingerprints are required for issuance of said permit.

THIS SPACE FOR USE BY CITY OFFICIALS

I, the undersigned, do hereby state that I have examined this application and, after such examination believe this applicant possesses all the qualifications required by law to secure the license for which he/she has applied and recommend that his/her application be approved and the license issued.

Chief of Police

City Clerk