

POLICE DEPARTMENT CRAMERTON, NORTH CAROLINA

Massage and Bodywork Therapy Services Operation Permit Application

I. Business Information											
Legal Name of Business					Physical Business Address						
Business Mailing Address					Business Telephone B			Business	Business Fax		
Business Email Address Business W				ess Web Address	eb Address Business Located With					□Cor	nmercial Area
Avg, Daily Appts. Avg. Daily Walk-Ins No. of Employee		yees	Parking Spaces Avail			^{Business}					
II. Bu	isiness Owi	ner Informatio	n							•	•
Number of Business Owners If more than two (2) owners of the business exist, please use additional paper to document the following information for each additional owner.											
Applicant/Owner's Full Name					Contact Telephone Number Persona			onal Email	nal Email		
Home Address					City St			State		Zip Code	
Owner's Full Name (If more than one owner)					Contact Telephone Number Personal Emai				onal Email		
Home Address	Home Address				City Sta			State		Zip Code	
III. Se	rvices Offe	red							1		
A complete listing of services offered by the business must be attached to this permit application.											
IV. Employee Data											
Check here if the only employees are the owners listed above.											
If the employee (or owner) is a licensee, a copy of their current and valid NC License must accompany this form. Employee's Full Name Employee's Home Address Date of Birth											
										Date of Bi	
Employee's Full Name					Employee's Home Address						
Employee's Full Name					Employee's Home Address						irth
Employee's Full Name				Employee's Hor	Employee's Home Address					Date of Birth	
Employee's Full Nam	e			Employee's Hor	me Ado	dress				Date of Bi	irth
Employee's Full Nam	le			Employee's Hor	me Ado	dress				Date of Bi	irth
Employee's Full Nam	e			Employee's Hor	me Ado	dress				Date of Bi	irth
Employee's Full Nam	e			Employee's Hor	me Ado	dress				Date of Bi	irth
Employee's Full Nam	le			Employee's Hor	me Ado	dress				Date of Bi	irth
Employee's Full Nam	le			Employee's Hor	me Ado	dress				Date of Bi	irth
Employee's Full Nam	e			Employee's Hor	me Ado	dress				Date of Bi	irth
Employee's Full Nam	e			Employee's Hor	ne Ado	dress				Date of Bi	irth

V. Insurance Acknowledgement									
Applicant/Owner acknowledges that insurance required pursuant to § 113.06 (KK) of this Ordinance is currently valid and that a statement of said insurance, from the insurance carrier, is attached to this permit application.									
VI. Applicant Acknowledgement									
Applicant/Owner acknowledges receipt of the Town of Cramerton Code of Ordinances Title XI, Chapter 113: Massage and Bodywork Therapy Regulations. Applicant/Owner understands and agrees that any permit issued pursuant to this application is issued upon the condition that all information provided is true and correct Applicant acknowledges that they have specifically read and understand § 113.09, § 113.10 and § 113.99 of the Ordinance.									
	Signature								
Applicant/Owner's Signature	Applicant/Owner's Printed Name	Date of Signature							
TOWN DEPARTMENT REVIEW									
Planning and Zoning Department:									
All application information has been reviewed and	meets does not meet the proper zoning criteri	a for the business in the listed area.							
Signature	Title	Date							
Comments									
Police Department - Code Enforcement									
All application information has been reviewed and	meets does not meet the requirements pursua	ant to TOC COE Title XI, Chapter 113.							
Signature	Title	Date							
Comments									
Fire Department									
All application information has been reviewed and	meets does not meet fire code.								
Signature	Title	Date							
Comments									
Application Status									
Comments									
Signature of Officer Issuing/Denying Permit	Title	Date							
L	Massage and Bodywork Therapy Services Opera	 ation Permit Application – (CPD-686) Revised 02/2014							