

## Massage Establishment APPLICANT INFORMATION

Business Legal Name: \_\_\_\_\_

Select entity type:

- |   |  |
|---|--|
| <input type="checkbox"/> Business Trust       | <input type="checkbox"/> Limited Liability Company     |
| <input type="checkbox"/> Corporation          | <input type="checkbox"/> Limited Partnership           |
| <input type="checkbox"/> General Partnerships | <input type="checkbox"/> Limited Liability Partnership |

Utah Division of Corporations Registration Number: \_\_\_\_\_

IRS Employee ID Number (EIN): \_\_\_\_\_

DBA Name(s) and Registration Number(s) (if applicable): \_\_\_\_\_

City/County Business License Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*Note: An email address is required. All Division notices and communication will be sent to email.*

Company website(s): \_\_\_\_\_

Company Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Social Media Page(s): \_\_\_\_\_

Primary Owner Name (additional owners will be listed on page 4): \_\_\_\_\_

Owner's Direct Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

*I understand that in all areas of this application the words "you", "I" and "applicant" apply to the entity listed above and all subsidiaries, owners, qualifiers, prior entities, and DBAs for which these individuals have been involved.*

### AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Position of the Authorized Signer: \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

**Do not leave any question blank.**

*DOPL may request additional documentation if the information submitted is insufficient.*

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise <b>disciplined in any way</b> ?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you CURRENTLY have <b>any criminal action active or pending</b> ?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	WITHIN THE PAST 10 YEARS, have you pled <b>guilty</b> to, <b>no contest</b> to, entered into a <b>plea in abeyance</b> , or been <b>convicted</b> of a <b>misdemeanor</b> in any jurisdiction?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER pled <b>guilty</b> to, <b>no contest</b> to, entered into a <b>plea in abeyance</b> , or been <b>convicted</b> of a felony in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 1, you must submit the following for EACH and EVERY incident:

- **Personal Account of Incident**
- **Any/All License Discipline Documents**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• <b>personal account of the incident</b></li> <li>• <b>police report(s)</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>court record(s)</b></li> <li>• <b>probation/parole officer report(s)</b></li> </ul> |
|--|---|

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

Please **DISCLOSE** the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
- Motor vehicle offenses such as driving while impaired or intoxicated.
- if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).

You do **NOT** need to disclose:

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

## DESIGNATED GENERAL MANAGER

**Designated Manager** *(If different from listed owner or individual in charge when/if owner(s) is not on site)*

Full Legal Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Additional Utah License Number(s)** *(If applicable):* \_\_\_\_\_

## MASSAGE ESTABLISHMENT

Expected Open Date: \_\_\_\_\_

### Hours of Operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

Appointments: (Select all that apply )

- Walk-Ins Only   
  Appointment Only   
  Both
- Yes     No    Table shower on site
- Yes     No    Provide Water Therapy on site
- Yes     No    ATM on site

Number of Practice Rooms: \_\_\_\_\_

Number & Location of Cameras: \_\_\_\_\_

### LIST OTHER SERVICES PROVIDED ON SITE (SPA/NAILS/ETC.)

- Nail Technician
- Master / Esthetician
- Physical Therapist
- Chiropractor
- Other \_\_\_\_\_

### PROPERTY INFORMATION

Documentation of ownership or right to possession of the premises where the massage establishment is operated  
(*deed or rental/lease agreement*)

For Rental/lease agreement if applicable:

**Landlord Name:** \_\_\_\_\_

**Landlord Address:** \_\_\_\_\_

**Landlord Email:** \_\_\_\_\_

**Landlord Phone:** \_\_\_\_\_

### ATTESTATION

By signing below, I certify that the physical facilities comply with the facilities requirements in Utah Code 58-47b-302.2, R156-47b-302.2a, and R156-47b-302.2b.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OWNERSHIP INFORMATION

Copy this page as needed for each individual

### ALL INDIVIDUAL OWNERS OF A MESSAGE ESTABLISHMENT BUSINESS ENTITY WHO:

1. Personally, or constructively holds including as the beneficiary of a trust:
  - a. at least 10% of the entity's outstanding stock or
  - b. more than \$25,000 of the fair market value of the entity.
2. Has a direct or indirect participating interest through shares, stock, or otherwise, regardless of whether voting rights are included, of more than 10% of the profits, proceeds, or capital gains of the entity.

### ALL OFFICERS, DIRECTORS, MANAGERS

3. Is a member of the board of directors or other governing body of the entity.
4. Serves as
  - a. an elected officer of the entity or
  - b. a general manager of the entity.

If there is more than one owner, you must complete the next section and submit an entity organization chart as established in [Utah Code R156-24-302.2c\(3\)](#)

Full Legal Name: \_\_\_\_\_  
*First* *Middle* *Last*

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \* \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\* If you don't have a social security number, please follow the instructions on the last page.

Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Driver License or State ID Card: \_\_\_\_\_  
*State of Issue* *License Number* *Expiration Date*

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

## PERSON(S) THAT REQUIRE FINGERPRINTS

The following person(s) must submit two completed fingerprint cards each and a copy of this page:

### INDIVIDUAL OWNERS OF A MESSAGE ESTABLISHMENT BUSINESS ENTITY WHO

Personally, or constructively holds including as the beneficiary of a trust:  
at least 10% of the entity's outstanding stock or  
more than \$25,000 of the fair market value of the entity.

### AND ALL OFFICERS, MANAGERS

Serves as:  
an elected officer of the entity or  
a general manager of the entity.

By signing below, I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

### Criminal History Disclosure Statement

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement> . Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email & Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.**

**REVIEW OF YOUR CRIMINAL RECORD:** If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of [Utah Code § 63G-4-301](#) and [Utah Admin. Code R151-4-902](#).

## APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

**NOTE:** *Incomplete applications will be denied.*

**Your application is classified as a public record** and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

**If you do not have a valid Social Security number**, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Admin. Code R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

### The following items are required to complete your application:

- \$145.00 Non-refundable Application processing fee, made payable to 'DOPL'.
- \$32.00 Non-refundable Fingerprinting Fee (Required for each person to be fingerprinted).
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.
- Completed CHDS (Required for each person to be fingerprinted)
- Accurate record of the Massage Establishment ownership and organization structure, including percentages of ownership, ownership of entities and ownership as the beneficiary of a trust chart.
- Copy of city or county business license
- A floor plan of the facility
- Recent passport quality color photo (Required for each person to be fingerprinted)
- A copy of the deed or lease agreement

### Submit the above items with your completed application to:

By US Postal Service:

**Division of Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing  
Heber M Wells Building, 1st Floor  
160 E 300 S  
Salt Lake City, UT 84114**

If you have questions, please contact the Division via our direct email address, [b9@utah.gov](mailto:b9@utah.gov), or via the phone number listed below. Do not submit applications via email, emailed applications will not be accepted.