

HAZLE TOWNSHIP ZONING & PERMITS

PO BOX 506

HARLEIGH, PA. 18225

Physical: 101 West 27th St. Hazle Township, Pa. 18202 P: 570-455-2039 F: 570-453-2402

zoning@hazletownship.com

Application for a Massage Establishment or Spa

**** Please Note: If you are licensed or certified by the Commonwealth of Pa. Ordinance 2016-12-12-1 does not apply to you. Do not use this application. ****

Fee: **\$300.00 annually**

Date: _____ Permit # _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

E Mail: _____ Website: _____

Business Owner: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

E Mail: _____

Is this a Corporation? _____ Partnership? _____ L.L.C.? _____

- On a separate sheet attach the name, home address and phone of all partners with 10% or more interest in the business.

Employment history three years prior to application date.

Attach additional sheets if necessary.

Business Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home) _____ Cell: _____

Does this manager have permission to sign for registered/certified mail on your behalf? _____

Describe in detail the services to be provided: (attach additional sheets as necessary).

Hours of Operation:

Number of employees per shift: _____

Attach the names and addresses of all employees on a separate sheet.

Have you ever operated or worked in a massage establishment before? _____

If yes, Title: _____ Duties: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Have you or any of your associates ever been convicted of criminal sexual offenses, including violations of Sections 3121-27 and 5901-04 of the Pa. Crimes Code? _____.

If yes, Date: _____ Nature of conviction: _____

Attach the names and addresses of all employees on a separate sheet.

Is there to be any other business operated from this location? _____

Name: _____

Nature of the Business: _____

Are you leasing _____ Owning? _____ this address. Provide copy of lease or deed.

Property Owners Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Cell: _____

Do you own or operate any other massage business? _____

If yes: Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

By signing this application you are agreeing to abide by Hazle Township Ordinance 2016-12-12-1 and all other Hazle Township ordinances as applicable, also all Commonwealth and Federal laws and regulations. Furthermore, you understand that any violation of said laws and regulations shall result in immediate termination of this Business Occupancy Permit and upon conviction permanent loss of Business Occupancy privilege in Hazle Township.

You hereby solemnly swear that all the information provided on this application and required attachments is true. Any falsehood shall result in immediate termination of any Hazle Township Business privileges. Any information provided shall verified by Hazle Township or its designee.

Applicant Signature

Print Name

Date: _____

Do not write below this line

Application Approved _____ Date of Inspection _____

Inspector: _____

Denied: _____ Reason for denial:

Date: _____

Township Official or designee

Check/M.O. _____ VISA MC AMEX DISCOVER: _____ (fee 1.50 or 2.5% whichever is greater)