DATE:_____

BUSINESS PLAN FOR_____ ☐ EXISTING ☐ NEW

DBA: _____ **Bus. Phone:**_____

Address:_____ **OnSite Mgr:**_____
MANAGER DURING NORMAL WORKING HRS

TYPE OF ESTABLISHMENT:		EMPLOYEES:	**OPERATIONS:**	**# OF ROOMS:**
☐ GENERAL WITHOUT OUTCALL	☐ GENERAL W/ OUTCALL	TOTAL:_____	DAYS:_____	**THERAPY:**_____
☐ SOLO WITHOUT OUTCALL	☐ SOLO WITH OUTCALL ☐ OUTCALL ONLY	M_____F_____	HOURS:_____	**TOILET:**_____

DESCRIBE THE TYPE OF MASSAGE THERAPY USED BY YOUR PRACTITIONERS, (I.E. SHIATSU, SWEDISH, DEEP TISSUE, ETAL.)

IS THIS BUSINESS AN ACCESSORY TO AN EXISTING/NEW BUSINESS? N ☐ Y ☐ IF YES, WHAT IS IT?_____	**ATTACH A FLOOR PLAN** OF YOUR ESTABLISHMENT SHOWING: SHOWERS, TOILETS, THERAPY & CHANGE ROOMS, HANDWASH & MOP SINKS, AND CLEAN & DIRTY LINEN STORAGE.

I declare under penalty of perjury that the information on this business plan, to the best of my knowledge, is true and correct. I hereby consent to all necessary inspections made pursuant to the Massage Ordinance and incidental to the issuance of any exemption, Registration or Permit, and operation of this business.

NAME (PRINTED)	SIGNATURE	DATE