



Department of Business License

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*** <http://www.clarkcountynv.gov/businesslicense>

**Application for Massage Establishment/Massage Business:
Applicant/Owner is Not a Massage Therapist**

Business License Number: _____

Business Name: _____

Business Address: _____

Owner/Applicant: _____

I, _____, *(each applicant to sign his/her own form if not a massage therapist)*, have been informed and understand that the license for which I have made application permits me only to own and operate said business. I am prohibited from personally practicing massage at this or any other location in unincorporated Clark County. I do not meet the requirements of Clark County Code to act as a massage therapist. I understand the requirements of Chapter 7.08 of the Clark County Code and further understand that I am not permitted to personally perform massage in unincorporated Clark County until such time as I apply for and receive the appropriate massage therapy work identification card, pursuant to Clark County Code Chapter 7.08. My failure to comply with the provisions of Chapter 7.08 of the Clark County Code may result in a misdemeanor conviction, which is punishable by fine, six months in jail, or both. My failure to comply with the provisions of Chapter 7.08 may result in disciplinary action against my business license.

Signature

Date

Printed Name

State of Nevada
County of Clark

On _____, _____ personally appeared before me,
and is the signer of this instrument.

Notary Public