



Montgomery County Department of Health and Human Services

Licensure and Regulatory Services

255 Rockville Pike, Suite 100, 1st Floor, Rockville, Maryland 20850

Phone: 240-777-3986 / Fax: 240-777-3088

www.montgomerycountymd.gov/licensure

BODYWORKS ESTABLISHMENT OPERATING LICENSE APPLICATION

(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

☐ New ☐ Renewal ☐ Change of Location

TODAY'S DATE: _____

Bodyworks Establishment Name: _____

Establishment Street Address (P.O. Boxes not permitted): _____

City: _____ State: _____ Zip: _____

Days Open for Business: _____ Hours Open for Business: _____

Telephone No.: _____ Fax No.: _____ Federal Tax ID: _____

Establishment Email Address: _____

Owner of Establishment Name: _____

Owner Street Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____ Owner Email Address: _____

Workers' Compensation Insurance Company Name: _____ Policy/Binder No.: _____

Check here ☐ if this facility is operated by a sole proprietor with no employees, or by members of a partnership or LLC, and a Certificate of Compliance has been obtained.

If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

FEE SCHEDULE

Initial Establishment Application	\$ 20.00 (Non Refundable)
Initial Establishment License	\$ 200.00
Annual License Renewal	\$ 10.00
Duplicate License	\$ 10.00
Filing Renewal After Expiration	\$ 10.00
Change of Location	\$ 100.00

Submit completed application and fee to address above. **CASH IS NOT ACCEPTED.** Checks/Money Orders payable to "Montgomery County, Maryland".

Payment Method: (Select one payment method below)

☐ Check or ☐ Money Order

☐ Visa or ☐ MasterCard only (complete information below)

OFFICE USE ONLY

Receipt No.: _____ Date Received: _____ Amount Paid: _____ Staff Initials: _____

Check/Money Order No.: _____ Credit Card Approval Code MC/VISA): _____

CREDIT CARD PAYMENT SECTION (confidential fax line for credit card payment: 240-777-4531)

Credit Cardholder's Name: _____ Credit Card No: _____

Exp. Date: _____ 3 Digit Security Code: _____ Amount: \$ _____

I agree to pay the above total amount according to the card issuer agreement:

Cardholder's Signature: _____

Location of Owner's Residence for Past Five Years:

1. Street: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____
2. Street: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____
3. Street: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____
4. Street: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____
5. Street: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____

Please attach Additional Location(s), if necessary:

Location of Business Operated by Owner for Past Five Years: (if different from residence listed above)

1. Street: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____
2. Street: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____
3. Street: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____
4. Street: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____
5. Street: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____

Please attach additional location(s), if necessary:

Employment history of Owner for past three years:

1. Employer _____
Street: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____ Phone: _____

2. Employer _____

Street: _____ City: _____ State: _____ Zip: _____

Dates From: _____ To: _____ Phone: _____

3. Employer _____

Street: _____ City: _____ State: _____ Zip: _____

Dates From: _____ To: _____ Phone: _____

4. Employer _____

Street: _____ City: _____ State: _____ Zip: _____

Dates From: _____ To: _____ Phone: _____

5. Employer _____

Street: _____ City: _____ State: _____ Zip: _____

Dates From: _____ To: _____ Phone: _____

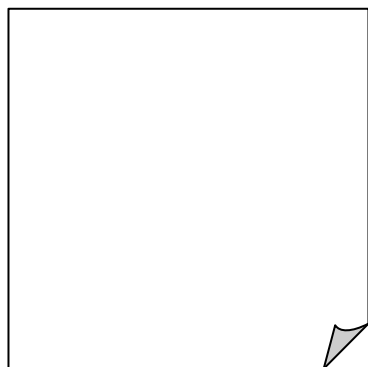
Please attach additional employers, if necessary:

List employee names providing Bodywork services at this location:

_____	_____
_____	_____
_____	_____

Please attach additional employees, if necessary:

4. Please affix a passport-style photo taken within the past 24 months or (photo may be taken in office):



5. Are you a United States Citizen?: ____Yes ____No

If No, attach evidence of legal presence and employability in the United States.

6. Please attach the following items below:

1. Complete a Live Scan fingerprint and full criminal background check. Attach receipt See Bodyworks Establishment Fact Sheet for additional information.
2. A copy of any professional license or certification related to Bodyworks.
3. A written description of the services to be provided by the Establishment.
4. If the applicant is an Association or Partnership attach the names and resident addresses of each of the associates or partners. If the Applicant is a Corporation, attach the names and resident addresses of each of the Officers and Directors of the Corporation.
5. Copy of current or receipt of submittal for Use and Occupancy Permit and Fire Inspection.

7. I am in good health and free of any communicable diseases: ____Yes ____No

8. Have you ever been convicted of, pled nolo contendere, or received probation before judgment of a crime other than a traffic offense?: ____ Yes ____ No.

If you answered yes, please attach a brief description of the nature of the crime and disposition of the matter. Include the name of any parole or probation officer.

9. Have you ever received a civil citation for practicing massage or bodyworks without a license?: ____Yes ____No

10. Have you ever had a license to practice massage or bodyworks revoked by the State of Maryland or any other jurisdiction?: ____Yes ____No

By my notarized signature, I attest that all of the information and documents included with this application are true and accurate. I have read and agree to comply with all requirements of Montgomery County Code 24.11.03, Monterey County Executive Regulation 14-14, Bodyworks, and comply with all applicable zoning, health, fire prevention, and building laws and regulations.

Signature

Date

Subscribed and sworn to (or affirmed) before me, under penalties of perjury, this _____ day of _____, _____.

Notary Public Signature:

Print name above

My commission expires on: _____