



Montgomery County Department of Health and Human Services

Licensure & Regulatory Services

2425 Reedie Drive, 9th Floor, Wheaton, Maryland 20902

Phone: 240-777-3986 / Fax: 240-777-3088 or 240-777-4531

www.montgomerycountymd.gov/licensure

BODYWORKS LICENSE – NEW AND RENEWAL

APPLICATION- **NOTARIZED**

EVIDENCE OF LEGAL PRESENCE AND EMPLOYABILITY IN THE U.S. **(IF NOT A CITIZEN)**

PASSPORT SIZE PHOTO

FINGERPRINT AND BACKGROUND CHECK

WRITTEN DESCRIPTION OF THE SERVICES TO BE PROVIDED BY THE ESTABLISHMENT

A COPY OF ANY PROFESSIONAL LICENSE OR CERTIFICATION RELATED TO
BODYWORKS - **OPTIONAL**

A COPY OF THE USE AND OCCUPANCY CERTIFICATE

A COPY OF THE CURRENT FIRE PERMIT

OWNER AUTHORIZATION FORM- **NOTARIZED**

A COPY OF CURRENT LEASE- **VALID FOR AT LEAST 12 MONTHS**



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BODYWORKS LICENSE APPLICATION

NEW RENEWAL CHANGE OF LOCATION Today's Date:

Bodyworks Establishment Name:

ESTABLISHMENT ADDRESS (P.O. BOXES NOT PERMITTED):

Street #: Street Name: Suite #:
 City: State: Zip Code:

Telephone #: FAX #: Federal Tax ID #:

Establishment Email Address:

DAYS AND HOURS OF OPERATION:

MONDAY:	From	To
TUESDAY:	From	To
WEDNESDAY:	From	To
THURSDAY:	From	To
FRIDAY:	From	To
SATURDAY:	From	To
SUNDAY:	From	To

Owner Of Establishment Name:

OWNER MAILING ADDRESS:

Street #: Street Name: Suite #:
 City: State: Zip:

Telephone #: Fax #:

Owner Email Address:

Please continue to complete Page 2 of the Bodyworks License Application

WORKERS' COMPENSATION INSURANCE:

COMPANY NAME:

POLICY/BINDER #:

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).

ADDRESS OF OWNER'S RESIDENCE FOR PAST FIVE YEARS:

CURRENT RESIDENCE:

Dates From:

To:

Street #:

Street Name:

Apt #:

City:

State:

Zip Code:

PREVIOUS RESIDENCE 1:

Dates From:

To:

Street #:

Street Name:

Apt #:

City:

State:

Zip Code:

PREVIOUS RESIDENCE 2:

Dates From:

To:

Street #:

Street Name:

Apt #:

City:

State:

Zip Code:

PREVIOUS RESIDENCE 3:

Dates From:

To:

Street #:

Street Name:

Apt #:

City:

State:

Zip Code:

Please attach Additional Location(s), if necessary.

ADDRESS OF BUSINESS OPERATED BY OWNER FOR PAST FIVE YEARS: (IF DIFFERENT FROM OWNER'S CURRENT ADDRESS OR ESTABLISHMENT ADDRESS LISTED ABOVE)

PREVIOUS ADDRESS 1:

Dates From:

To:

Street #:

Street Name:

Suite #:

City:

State:

Zip Code:

PREVIOUS ADDRESS 2:

Dates From:

To:

Street #:

Street Name:

Suite #:

City:

State:

Zip Code:

Please continue to complete Page 3 of the Bodyworks License Application

PREVIOUS ADDRESS 3:

Dates From:

To:

Street #:

Street Name:

Suite #:

City:

State:

Zip Code:

Please attach Additional Location(s), if necessary.

EMPLOYMENT HISTORY OF OWNER FOR PAST THREE YEARS:

Employer Name 1:

Employment Dates:

From:

To:

Street #:

Street Name:

Suite #

City:

State:

Zip Code:

Employer Name 2:

Employment Dates:

From:

To:

Street #:

Street Name:

Suite #

City:

State:

Zip Code:

Employer Name 3:

Employment Dates:

From:

To:

Street #:

Street Name:

Suite #

City:

State:

Zip Code:

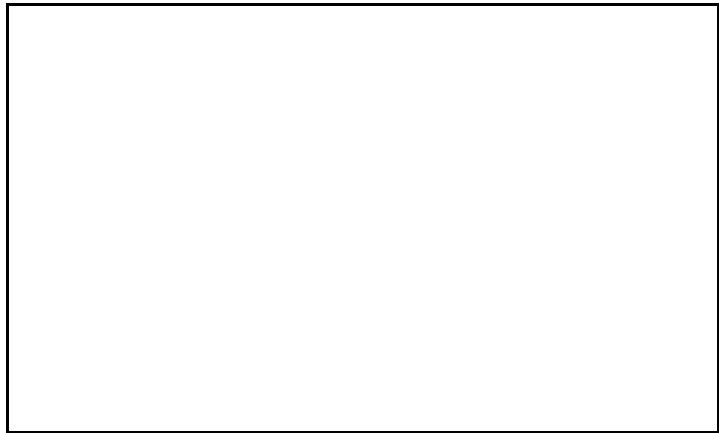
Please attach Additional Employer(s), if necessary.

LIST EMPLOYEE NAMES PROVIDING BODYWORK SERVICES AT THIS LOCATION:

Please attach additional employees, if necessary.

Please continue to complete Page 4 of the Bodyworks License Application

Please affix a passport-style photo taken within the past 24 months:



Are you a United States Citizen? Yes No

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

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.

I am in good health and free of any communicable diseases. Yes No

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.

Have you ever received a civil citation for practicing massage or bodyworks without a license? Yes No

Have you ever had a license to practice massage or bodyworks revoked by the State of Maryland or any other jurisdiction? Yes No

PLEASE HAVE APPLICATION NOTARIZED BELOW:

State of Maryland

Montgomery County, to wit:

This certifies that on this _____ day of _____, before the subscriber, a Notary Public in and for the State and County aforesaid personally appeared the applicant(s) named in the foregoing application and made oath in due form of law that the statements made therein are true to the best of his/her knowledge and belief.

WITNESS MY HAND AND OFFICIAL SEAL:

Date Commission Expires:

Notary Public Signature:

FEES

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

PAYMENT METHOD

Submit completed application and fee to: **Licensure & Regulatory Services**, 2425 Reedie Drive, 9th Floor, Wheaton, Maryland 20902.

Checks/Money Orders payable to "Montgomery County, Maryland" or pay by Mastercard, VISA or checking card.

CASH IS NOT ACCEPTED.

SELECT TYPE OF PAYMENT METHOD BELOW

Check Money Order Mastercard VISA

CREDIT CARD PAYMENT SECTION

Cardholder's Name:

Credit Card #:

Exp Date:

3-Digit Security Code:

Amount:

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

Cardholder's Signature:

OFFICE USE ONLY

Receipt #:

Date Received:

Amount Paid:

Staff Initials:

Check/Money Order #:

Credit Card Approval Code: