



Town of Leesburg

Department of Finance and Administrative Services

25 W. Market Street • Leesburg, VA 20176

(p) 703-771-2701 • (f) 703-771-2799

Massage Therapy Permit Standard Operating Procedures

1. The interested party must complete the Application for Town of Leesburg Massage Therapy Permit. The applicant must also provide proof of a Virginia Board of Nursing Certificate for Massage Therapy and a valid driver's license. The application may be found on-line by visiting our website at www.leesburgva.gov or in-person at the front counter at Town Hall with the Department of Finance and Administrative Services (DFAS). No fee is accepted as this time. See #6 below.
2. Once the application is complete, DFAS will forward it to the Town Manager's Office. A copy of the Virginia Board of Nursing Certificate for Massage Therapy, and a copy of the valid driver's license will need to be attached to the permit.
3. The Town Manager's Office will forward the application and attached documents to the Leesburg Police Department to review and complete a criminal records check.
4. The Leesburg Police Department will review and check the approved or denied box on the application, sign the application, and return it to the Town Manager's Office.
5. The Town Manager's Office will review the application and sign upon approval by the Leesburg Police Department.
6. The application will then be returned to DFAS for processing. If it is approved, DFAS will email the applicant a copy of the application and invoice for the permit fee. Applicant can make payment over the phone with a credit card, mail a check to the address listed above, or pay in-person at the finance counter at Town Hall. If it is not approved, DFAS will return the application.

**A Business License (BPOL) is required for the owner of the massage business.*



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APPLICATION FOR TOWN OF LEESBURG MASSAGE THERAPY PERMIT

APPLICANT INFORMATION			
Applicants Name:			
Home Address:			
Date of Birth:		Social Security Number:	
Home Phone #:	Work Phone #:	Cell Phone #:	
Driver's License Number:		Driver's License Expiration:	
VA Board of Nursing License Number:		VA Board of Nursing License Expiration:	
Number of years Applicant has practiced massage therapy:			
Are you the owner of the massage therapy business in which you are practicing? Yes No			
If yes, have you obtained your business license (BPOL)? Yes No			
Have you ever been convicted of a criminal offense? Yes No			
If yes, please provide the date, offense, and location.			
EMPLOYER INFORMATION			
Business Name:		Business Phone Number:	
Business Address:			

*If address on driver's license is not same as home address, please provide another form of documentation with your home address.

Per Leesburg Town Code Section 20-303 it shall be unlawful for a massage therapist to willfully perform any of the following acts:

1. Placing of the hand upon, touching with any part of the body, fondling in any manner, or massaging a sexual or genital part, or any portion thereof, of any person.
2. Exposing of a sexual or genital part, or any portion thereof, to any other person.
3. Failing to conceal, with a fully opaque covering in the presence of any other person, the sexual or genital parts of such massage therapist.

I certify that, to the best of my knowledge, the information provided by me is accurate and that I have read and understand the unlawful acts of a massage therapist.

Applicant Signature:

Date:

APPROVED BY	
DEPARTMENT	Signature
Department of Finance and Administrative Services – If needed, BPOL Obtained Yes No	