



## Town of Leesburg

Department of Finance and Administrative Services  
 25 W. Market Street • Leesburg, VA 20176  
 (p) 703-771-2723 • (f) 703-771-2799

### APPLICATION FOR TOWN OF LEESBURG MASSAGE THERAPY PERMIT

APPLICANT INFORMATION		
Applicants Name:		
Home Address:		
Date of Birth:		Social Security Number:
Phone #:	Work Phone #:	Email Address:
Driver's License Number(attach copy):		Driver's License Expiration:
VA Board of Nursing License Number(attach copy):		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