



Sheriff Michael L. Chapman

# LOUDOUN COUNTY SHERIFF'S OFFICE

803 Sycolin Road SE, Leesburg, Virginia 20175  
Telephone 703-777-0407

## APPLICATION FOR MASSAGE LICENSE

*THIS FORM MUST BE FULLY COMPLETED. ANY OMISSIONS WILL RESULT IN NO FURTHER ACTION BEING TAKEN BY THE LOUDOUN COUNTY SHERIFF'S OFFICE. IF A PARTICULAR SECTION DOES NOT APPLY, YOU MUST INDICATE SO. DO NOT LEAVE ANY LINE BLANK.*

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

LIST ANY OTHER NAMES THAT YOU HAVE USED (Include maiden and marital) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_  
COMPLEXION (Circle one) Albino; Black; Dark; Dark brown; Fair; Light; Light brown; Medium; Medium brown;  
Olive; Ruddy; Sallow; Yellow.

HOME ADDRESS \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

HOME TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

PREVIOUS ADDRESS: From \_\_\_\_\_ To \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

PREVIOUS ADDRESS: From \_\_\_\_\_ To \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

NAME OF MASSAGE BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

NAME OF PREVIOUS MASSAGE BUSINESS (1) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

NAME OF PREVIOUS MASSAGE BUSINESS (2) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

CURRENT EMPLOYER (if different from massage business) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE

ARE YOU CURRENTLY HOLDING A LICENSE/PERMIT IN ANOTHER JURISDICTION? (Circle one) YES NO  
WHICH JURISDICTIONS? \_\_\_\_\_

HAVE YOU PREVIOUSLY HELD A SIMILAR LICENSE/PERMIT IN ANOTHER JURISDICTION? (Circle one)  
YES NO WHICH JURISDICTIONS? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (Circle one) YES NO  
( If yes, list each occurrence, date, and location) \_\_\_\_\_

**READ CAREFULLY!**

In compliance with County Code Section 820.03, I am eighteen years of age or older. I have never had any convictions, pleas of nolo contendere, the suffering of a forfeiture on any felony charge or on a charge of violating any provisions of Sections 18.2-344 through 18.2-361 or Sections 18.2-370 through 18.2-389 which laws relate to sexual offenses. I have never had any similar violations in other jurisdictions.

I am aware that it is unlawful for any person, either knowingly or through gross negligence, to make a false or misleading statement on this application, and that violations of this prohibition shall be treated as misdemeanors and shall further constitute grounds for automatic denial of such application or revocation of any permit under such application. **I further understand that it is my responsibility to contact the Commissioner of Revenue at (703) 777-0260 and determine whether or not I am required to obtain a business license.**

**NOTE: A copy of this application will be provided to the Office of the Commissioner of Revenue.**

I HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE. I ALSO UNDERSTAND THAT THIS MASSAGE LICENSE IS VALID IN LOUDOUN COUNTY, VIRGINIA ONLY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*\*\*YOU WILL BE CONTACTED BY LCSO ONCE PERMIT IS READY FOR PICK UP. ENSURE YOUR CONTACT PHONE NUMBERS ARE CORRECT\*\*\*\*\***