



City of Milford, Connecticut

- Founded 1639 -

POLICE DEPARTMENT

430 Boston Post Road - Milford, CT 06460-2570
Telephone (203) 878-6551



Keith L. Mello
Chief of Police

APPLICATION FOR MASSEUR OR MASSUES PERMIT

In addition, attached to this application must be:

1. Proof of attendance at and graduation from a recognized school, including the name and address of the school, the dates attended and a copy of the diploma or certificate of graduation awarded the applicant, showing the applicant has successfully completed not less than seventy (70) hours of instruction, and:
2. A certificate from a physician licensed to practice in the State of Connecticut stating that the applicant has been examined and found to be free of any contagious or communicable disease and showing that the examination was conducted within thirty (30) day prior to the submission of the application. "This must also include proof of a negative blood test for syphilis from an approved laboratory in the State of Connecticut".
3. In the event that you, as an applicant, have an arrest record other than minor motor vehicle violations, you must submit with your initial application a statement indicating the place and court of conviction, and the sentence given.
4. An arrest record check conducted by the Police License Bureau, the completion of which requires that you schedule and submit fingerprint samples.
5. Photo Identification, Valid Driver's License, Passport, Birth certificate,
6. Two bank checks or money orders made payable to "D.P.S" one in the amount of \$19.25, and one in the amount of \$50.00.



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APPLICATION FOR A MESSAGE ESTABLISHMENT

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DOB: _____ HEIGHT: _____ TEL. #: _____ SS#: _____

EYE COLOR: _____ HAIR COLOR: _____ WEIGHT: _____

BUSINESS NAME EMPLOYED BY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EXACT NATURE OF THE MESSAGE TO BE ADMINISTERED: _____

WRITTEN PROOF OF MINIMUM AGE REQUIREMENT (18 YEARS OLD OR OVER) _____ TWO 2X2
PHOTOS _____

BUSINESS, OCCUPATION OR EMPLOYMENT OF APPLICANT FOR PAST 3 YEARS IMMEDIATELY
PRECEDING THIS APPLICATION: _____

MESSAGE OR SIMILAR BUSINESS LICENSE HISTORY OF THIS APPLICANT: _____

HAVE YOU EVER HELD THIS TYPE OF LICENSE BEFORE? YES _____ NO _____

IF YES, WHERE? _____

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? YES _____ NO _____

IF YES, GIVE REASON IN DETAIL: _____

BUSINESS ACTIVITY OR OCCUPATION SUBSEQUENT TO SUCH ACTION OF SUSPENSION OR
REVOCATION _____

LOCATION OF PREMISES APPLICANT WILL OFFER MASSAGE AT: _____

ANY CRIMINAL CONVICTIONS, EXCEPT MINOR TRAFFIC VIOLATIONS: _____

APPROVAL OF INSPECTION BY THE DIRECTOR OF PUBLIC HEALTH: _____

NON-REFUNDABLE FILING FEE OF \$125 _____

EVERY PERSON WHO ENGAGES IN OR CONDUCTS A MASSAGE ESTABLISHMENT SHALL KEEP A
DAILY REGISTER, APPROVED AS TO FORM BY THE CHIEF OF POLICE OR HIS DESIGNATE, OF ALL
PATRONS WITH NAMES, ADDRESSES AND HOURS OF ARRIVAL AND, IF APPLICABLE, THE ROOMS
OR CUBICLES ASSIGNED. SAID DAILY REGISTER, SHALL AT ALL TIMES DURING BUSINESS HOURS
BE SUBJECT TO INSPECTION BY THE HEALTH DEPARTMENT OFFICIALS, BY THE POLICE
DEPARTMENT AND SHALL BE KEPT ON FILE FOR ONE YEAR. _____

SAMPLE OF THE REGISTER DESCRIBED ABOVE ATTACHED _____

DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED: DATE _____ PERSON RECEIVING: _____

APPLICATION VERIFIED: _____ FINGERPRINTS: _____ RECORDS CHECK _____

COMMENTS: _____

LICENSE FEE RECEIVED BY: CHECK _____ CASH _____