License Number: _____

City of Salem
Police Department
36 East Calhoun St
Salem, Virginia 24153
Telephone 540-375-3078 salempolice@salemva.gov

City of Salem, Virginia

License and Permit Application

PART 1: ALL APPLICANTS MUST COMPLETE

PERSONAL INFORMATION

Name (First, Middle, Last)	Telephone	Date of Birth	Country of Birth

Address (Street)	City	State	Zip Code	Gender	Height	Weight	Eyes	Hair	Race
				☐ F ☐ M					

Social Security Number	Have you ever been known by any other name or legally changed your name? If yes, explain: ☐ No ☐ Yes	Email address:

PREVIOUS ADDRESSES (Past 12 months)

Address (Street)	City	State	Zip Code	From	To

CRIMINAL CONVICTIONS (List all criminal convictions from any federal, state or local jurisdiction in past ten years.)

☐ None ☐ Yes If yes, list below:

Charge	Felony or Misdemeanor?	Date	Location (City or County and State)

PART 5: MASSAGE PARLOR PERMIT APPLICANTS MUST COMPLETE

MASSAGE ESTABLISHMENT INFORMATION

Name Under Which Establishment Will Operate	Telephone	Fax	Email Address

Street Address of Establishment	City	State	Zip Code	# of Therapists Employed

OWNERSHIP INFORMATION

This Applicant is a: ☐ Sole Proprietorship ☐ Partnership ☐ Privately Held Company ☐ Publicly Held Company

Sole Proprietorship - Provide information for owner.
Partnership - Provide information for each partner.
Privately Held Company - Provide information for corporate officers and directors.
Publicly Held Company - Provide information for party responsible for daily operations.

Last Name: _____ First Name: _____ Middle Name: _____	Title	Home Address	Telephone
	Fax #	Business Address	Email Address
Last Name: _____ First Name: _____ Middle Name: _____	Title	Home Address	Telephone
	Fax #	Business Address	Email Address

MANAGER INFORMATION

Will owner act as on-site manager of spa? ☐ Yes ☐ No If no, manager must complete the information below and authorize a criminal background check.

Name (First, Middle, Last)	Telephone	Date of Birth	Country of Birth

Address (Street)	City	State	Zip Code	Gender	Height	W eight	Eyes	Hair	Race
				☐ F ☐ M					

Social Security Number	Have you ever been known by any other name or legally changed your name? If yes, explain: ☐ No ☐ Yes	Email address:

LLC OR CORPORATION INFORMATION

Corporate/Company Headquarters Information (Does not apply to sole proprietorship or partnership)

Corporate/LLC Name	Street Address	City	State	Zip Code

Corporate/LLC Contact	Title	Telephone	Fax	Email Address	State and Date of Filing

ALL APPLICANTS MUST READ AND SIGN

PROVIDING YOUR SOCIAL SECURITY NUMBER AND DRIVER LICENSE NUMBER ON THIS FORM

Disclosure of your Social Security Number and Driver License Number on this form is voluntary. These numbers are used as a means of identification of individuals, and are used to facilitate differentiation between individuals with other similar identifying information. Social Security Number and Driver License Number are regarded as confidential licensing information, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose. If you do not disclose this information, you may encounter delays in the processing of your license or permit application and you may not receive your license or permit in a timely manner due to a delay in positive identification of your background check results.

APPLICANT'S VALIDATION STATEMENT

By my signature, I certify that all statements made by me on this application are true to the best of my knowledge.

I understand that if I have made an untrue statement on this application, or omitted or withheld material facts related to my background or prior license history, that my application will be denied by the Department of Cable and Consumer Services, and that I may be subject to criminal prosecution.

Applicant's Signature: _____ Date: _____

NOTARY

_____
Notary Public (Signature)

Sworn and subscribed before me in the County/City of _____

this _____ day of _____, _____

_____
Commission Expires (Date)

FOR OFFICIAL USE ONLY

☐ Approved ☐ Disapproved	Signature	Title	Date

City of Salem
Police Department
36 East Calhoun St
Salem, Virginia 24153
Telephone 540-375-3078 salempolice@salemva.gov

City of Salem, Virginia

Consent to Release of Criminal Record Information

I,_____, do hereby consent to a search of the Central Criminal Records Exchange for any records relating to me. I consent to full disclosure of the results of such search to an authorized staff member of the City of Salem Police Department.

I give this consent and authorization in order to provide the City of Salem Police Department with full ability to ascertain either the nonexistence or the contents of any criminal records relating to me, for the purpose of the Department's consideration of my application for a license or permit.

_____
Signature

_____
Street Address

_____
City & State

Date of Birth:

Social Security Number:

Sworn and Subscribed before me in the County/City of_____,_____on

this_____day of_____20_____.

_____
Notary Public (Signature)

_____
Commission Expires

*Disclosure of your social security number (SSN) will allow a more accurate check of criminal records and will decrease the likelihood of a false match. Your SSN will be disclosed only to law enforcement agencies to determine your fitness for a license or permit. Disclosure of your SSN is voluntary. If you refuse to disclose your SSN, the City will not deny the permit on those grounds. In the event you refuse to disclose your SSN, the City reserves the right to request additional information to conduct a thorough criminal records check.

City of Salem Police Department
38 East Calhoun Street
Salem, VA 24153

REQUEST FOR CONVICTION DATA

SECTION 1: To be filled out by the party requesting the Conviction Data

In accordance with § 19.2-389(H) of the Code of Virginia, it is requested that an abstract or copy of conviction data in your files pertaining to the below named individual be furnished for the purpose so stated. Unauthorized dissemination will subject the disseminator to criminal and civil penalties.

Last Name:	First Name:	Middle Name:

Race	Sex: ☐ Male ☐ Female	Date of Birth	Social Security Number

Purpose of Request Background check for license issuance by the City of Salem

Signature of Requestor	Police Department Requestor's Agency/Organization
Printed Name of Requestor	38 East Calhoun Street, Salem, VA 24153 Agency Address

NOTARIZATION The above has been acknowledged before me as a true statement in the:

State/Commonwealth of:	County/City of:	Date
Signature of Notary Public	My Commission Expires: the day of , 20	

****PLEASE NOTE:** This request may be delayed as much as two (2) weeks due to the need to obtain disposition data that is not available within the Department's files.

THIS REQUEST INCLUDES ONLY CONVICTION DATA OF THE RECORDS OF THE CITY OF SALEM POLICE DEPARTMENT.

Notary Seal

SECTION 2: To be filled out by the person whose conviction data is being requested

I hereby authorize the release of information requested above the purpose so stated. Signature .

NOTARIZATION The subject of this request appeared before me and signed the release in the

State/Commonwealth of Virginia	City of Salem	Date
Signature of Notary Public	My commission expires the day of , 20	

Department Use Only

Notary Seal