

DATE: \_\_\_\_\_

**BUSINESS PLAN FOR** \_\_\_\_\_ ☐ EXISTING ☐ NEW

**DBA:** \_\_\_\_\_ **Bus. Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **OnSite Mgr:** \_\_\_\_\_  
MANAGER DURING NORMAL WORKING HRS

<b>TYPE OF ESTABLISHMENT:</b>		<b>EMPLOYEES:</b>	<b>OPERATIONS:</b>	<b># OF ROOMS:</b>
<input type="checkbox"/> GENERAL WITHOUT OUTCALL	<input type="checkbox"/> GENERAL W/ OUTCALL	TOTAL: _____	DAYS: _____	<b>THERAPY:</b> _____
<input type="checkbox"/> SOLO WITHOUT OUTCALL	<input type="checkbox"/> SOLO WITH OUTCALL	M _____ F _____	HOURS: _____	<b>TOILET:</b> _____
<input type="checkbox"/> OUTCALL ONLY				

DESCRIBE THE TYPE OF MASSAGE THERAPY USED BY YOUR PRACTITIONERS, (I.E. SHIATSU, SWEDISH, DEEP TISSUE, ETAL.)

[illegible]

<p>IS THIS BUSINESS AN ACCESSORY TO AN EXISTING/NEW BUSINESS?          N <input type="checkbox"/> Y <input type="checkbox"/> IF YES, WHAT IS IT? _____</p>	<p><b>ATTACH A FLOOR PLAN</b> OF YOUR ESTABLISHMENT SHOWING:          SHOWERS, TOILETS, THERAPY &amp; CHANGE ROOMS, HANDWASH &amp; MOP          SINKS. AND CLEAN &amp; DIRTY LINEN STORAGE.</p>
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I declare under penalty of perjury that the information on this business plan, to the best of my knowledge, is true and correct. I hereby consent to all necessary inspections made pursuant to the Massage Ordinance and incidental to the issuance of any exemption, Registration or Permit, and operation of this business.

NAME (PRINTED)	SIGNATURE	DATE
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