



Borough of Chester

Application for Massage, Bodywork and Somatic Therapy Establishment License

Please type or print

Name of Establishment: _____

Address _____

Business Phone No: _____ Fax No. _____

Name of owner _____

Type of ownership individual Partnership Corporation Other

(Managers, Sole proprietors, partners and those stockholders holding more than 10% stock must complete the attached "Owner Information" form)

I have read Chapter 170 (Massage, bodywork and somatic Therapy establishment) of the Code of the Borough of Chester, and hereby agree to comply with all rules and regulations. I acknowledge that the penalties of non-compliance may be revocation or suspension of license to operate, fines or imprisonment.

Signature _____

Date _____

