



City of Amarillo
810 S. Buchanan
Amarillo, Texas 79101
806-378-6517

Application for Massage Establishment License

PART 1: BASIC INFORMATION

Establishment Name: _____

- New Application
- Ownership Change
- Annual Renewal

Physical Street Address (NOT a P.O. Box):

Street	Bldg/Ste #	City	State	Zip
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Mailing Address (used to receive mail from TDLR; may be a P.O. Box):

Street	Bldg/Ste #	City	State	Zip
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Phone Number: _____ General Business Email: _____

Name of Person filling out this Application: _____

Person's Phone Number: _____ Person's Email: _____

PART 2: OWNERSHIP INFORMATION

Who owns the Massage Establishment? (select one)

Individual/Sole Proprietor: _____

Owner Title: _____ Owner Date of Birth: _____ Owner Gender: M / F

Owner SSN/ID: _____ Owner Phone Number: _____ Owner Email: _____

Owner Residence Address (NOT a P.O. Box):

Street	Bldg/Ste #	City	State	Zip
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How long has Owner lived in Amarillo? _____ In Texas? _____

Summarize Owner's employment history for the last 5 years (use additional pages if necessary):

In the past 5 years, has the Owner been convicted of any crime of moral turpitude or a felony? No Yes

In the past 3 years, has the Owner applied for an original Massage Establishment License with the City of Amarillo?
 No Yes If yes, list the Massage Establishment Name(s) and Application Dates:

Is the Owner married? No Yes (Provide Spouse's Information Here)

Spouse's Name: _____ Spouse's Date of Birth: _____ Spouse's Gender: M / F

Spouse's SSN/ID: _____ Spouse's Phone Number: _____ Spouse's Email: _____

Spouse's Residence Address (NOT a P.O. Box):

Street	Bldg/Ste #	City	State	Zip
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How long has Owner's spouse lived in Amarillo? _____ In Texas? _____

Summarize Owner's spouse's employment history for the last 5 years (use additional pages if necessary):

In the past 5 years, has the Owner's spouse been convicted of any crime of moral turpitude or a felony? No Yes

In the past 3 years, has the Owner's spouse applied for an original Massage Establishment License with the City?
 No Yes If yes, list the Massage Establishment Name(s) and Application Dates:

Partnership: _____

Limited Partnership (LP): _____

Limited Liability Partnership (LLP): _____

State of Formation: _____ Filing Number: _____ Date Filed: _____ FEIN: _____

The following information is needed for each Owner and each manager, operator, or person who is primarily responsible for the management of the Massage Establishment. (An Owner is any owner, proprietor, shareholder, director, officer, partner, member, manager, trustee, or receiver of the Massage Establishment. An Owner may be an individual or another business entity.) Use additional pages as needed.

Partner #1 Name: _____ % Membership or Units Held: _____

(check all that apply) General Partner Limited Partner Manager/Operator/Person in Charge

→ If this Partner is an individual:

Partner Title: _____ Partner Date of Birth: _____ Partner Gender: M / F

Partner SSN/ID: _____ Partner Phone Number: _____ Partner Email: _____

Partner Residence Address (NOT a P.O. Box):

Street Bldg/Ste # City State Zip

How long has this Partner lived in Amarillo? _____ In Texas? _____

Summarize this Partner's employment history for the last 5 years (use additional pages if necessary):

In the past 5 years, has this Partner been convicted of any crime of moral turpitude or a felony? No Yes

In the past 3 years, has this Partner applied for an original Massage Establishment License with the City of Amarillo?
 No Yes If yes, list the Massage Establishment Name(s) and Application Dates:

→ If this Partner is another entity:

State of Formation: _____ Filing Number: _____ Date Filed: _____ FEIN: _____

Partner #2 Name: _____ % Membership or Units Held: _____

(check all that apply) General Partner Limited Partner Manager/Operator/Person in Charge

→ If this Partner is an individual:

Partner Title: _____ Partner Date of Birth: _____ Partner Gender: M / F

Partner SSN/ID: _____ Partner Phone Number: _____ Partner Email: _____

Partner Residence Address (NOT a P.O. Box):

Street Bldg/Ste # City State Zip

How long has this Partner lived in Amarillo? _____ In Texas? _____

Summarize this Partner's employment history for the last 5 years (use additional pages if necessary):

In the past 5 years, has this Partner been convicted of any crime of moral turpitude or a felony? No Yes

In the past 3 years, has this Partner applied for an original Massage Establishment License with the City of Amarillo?
 No Yes If yes, list the Massage Establishment Name(s) and Application Dates:

→ If this Partner is another entity:

State of Formation: _____ Filing Number: _____ Date Filed: _____ FEIN: _____

Corporation: _____

State of Formation: _____ Filing Number: _____ Date Filed: _____ FEIN: _____

Total # of Shares Issued: _____

The following information is needed for each Owner and each manager, operator, or person who is primarily responsible for the management of the Massage Establishment. (An Owner is any owner, proprietor, shareholder, director, officer, partner, member, manager, trustee, or receiver of the Massage Establishment. An Owner may be an individual or another business entity.) Use additional pages as needed.

Owner #1 Name: _____ % or # of Shares: _____

(Check all that apply)

Shareholder Officer Director Trustee Beneficiary Manager/Operator/Person in Charge

→ If this Owner is an individual:

Owner Title: _____ Owner Date of Birth: _____ Owner Gender: M / F

Owner SSN/ID: _____ Owner Phone Number: _____ Owner Email: _____

Owner Residence Address (NOT a P.O. Box):

Street _____ Bldg/Ste # _____ City _____ State _____ Zip _____

How long has this Owner lived in Amarillo? _____ In Texas? _____

Summarize this Owner's employment history for the last 5 years (use additional pages if necessary):

In the past 5 years, has this Owner been convicted of any crime of moral turpitude or a felony? No Yes

In the past 3 years, has this Owner applied for an original Massage Establishment License with the City of Amarillo?
 No Yes If yes, list the Massage Establishment Name(s) and Application Dates:

→ If this Owner is another entity:

State of Formation: _____ Filing Number: _____ Date Filed: _____ FEIN: _____

Owner #2 Name: _____ % or # of Shares: _____

(Check all that apply)

Shareholder Officer Director Trustee Beneficiary Manager/Operator/Person in Charge

→ If this Owner is an individual:

Owner Title: _____ Owner Date of Birth: _____ Owner Gender: M / F

Owner SSN/ID: _____ Owner Phone Number: _____ Owner Email: _____

Owner Residence Address (NOT a P.O. Box):

Street _____ Bldg/Ste # _____ City _____ State _____ Zip _____

How long has this Owner lived in Amarillo? _____ In Texas? _____

Summarize this Owner's employment history for the last 5 years (use additional pages if necessary):

In the past 5 years, has this Owner been convicted of any crime of moral turpitude or a felony? No Yes

In the past 3 years, has this Owner applied for an original Massage Establishment License with the City of Amarillo?
 No Yes If yes, list the Massage Establishment Name(s) and Application Dates:

→ If this Owner is another entity:

State of Formation: _____ Filing Number: _____ Date Filed: _____ FEIN: _____

Limited Liability Company (LLC): _____

State of Formation: _____ Filing Number: _____ Date Filed: _____ FEIN: _____

Member Managed Manager Managed Total # of Memberships Issued: _____

The following information is needed for each Owner and each manager, operator, or person who is primarily responsible for the management of the Massage Establishment. (An Owner is any owner, proprietor, shareholder, director, officer, partner, member, manager, trustee, or receiver of the Massage Establishment. An Owner may be an individual or another business entity.) Use additional pages as needed.

Owner #1 Name: _____ % or # of Membership Units: _____

(Check all that apply) Member Manager Officer Manager/Operator/Person in Charge

→ If this Owner is an individual:

Owner Title: _____ Owner Date of Birth: _____ Owner Gender: M / F

Owner SSN/ID: _____ Owner Phone Number: _____ Owner Email: _____

Owner Residence Address (NOT a P.O. Box):

Street Bldg/Ste # City State Zip

How long has this Owner lived in Amarillo? _____ In Texas? _____

Summarize this Owner's employment history for the last 5 years (use additional pages if necessary):

In the past 5 years, has this Owner been convicted of any crime of moral turpitude or a felony? No Yes

In the past 3 years, has this Owner applied for an original Massage Establishment License with the City of Amarillo?

No Yes If yes, list the Massage Establishment Name(s) and Application Dates:

→ If this Owner is another entity:

State of Formation: _____ Filing Number: _____ Date Filed: _____ FEIN: _____

Owner #2 Name: _____ % or # of Membership Units: _____

(Check all that apply) Member Manager Officer Manager/Operator/Person in Charge

→ If this Owner is an individual:

Owner Title: _____ Owner Date of Birth: _____ Owner Gender: M / F

Owner SSN/ID: _____ Owner Phone Number: _____ Owner Email: _____

Owner Residence Address (NOT a P.O. Box):

Street _____ Bldg/Ste # _____ City _____ State _____ Zip _____

How long has this Owner lived in Amarillo? _____ In Texas? _____

Summarize this Owner's employment history for the last 5 years (use additional pages if necessary):

In the past 5 years, has this Owner been convicted of any crime of moral turpitude or a felony? No Yes

In the past 3 years, has this Owner applied for an original Massage Establishment License with the City of Amarillo?
 No Yes If yes, list the Massage Establishment Name(s) and Application Dates:

→ If this Owner is another entity:

State of Formation: _____ Filing Number: _____ Date Filed: _____ FEIN: _____

PART 3: EMPLOYEE INFORMATION

This information is required for every employee and contractor, regardless of the job they perform. Use additional sheets as necessary.

Employee #1 Name: _____ Phone Number: _____

Address: _____
Street _____ Bldg/Ste # _____ City _____ State _____ Zip _____

Employee #2 Name: _____ Phone Number: _____

Address: _____
Street _____ Bldg/Ste # _____ City _____ State _____ Zip _____

Employee #3 Name: _____ Phone Number: _____

Address: _____
Street _____ Bldg/Ste # _____ City _____ State _____ Zip _____

Employee #4 Name: _____ Phone Number: _____

Address: _____

Street

Bldg/Ste #

City

State

Zip

PART 4: LEASE INFORMATION

Does the Owner lease or own the premises where the Establishment is operated?

- Own
- Lease it. (Provide Lease Information Here) (Use additional sheets for additional Lessors or Lessees)

Lessor Name: _____ Lessor Phone Number: _____

Lessor Address: _____
Street Bldg/Ste # City State Zip

Lessee Name: _____ Lessee Phone Number: _____

Lessee Address: _____
Street Bldg/Ste # City State Zip

PART 5: REQUIRED ATTACHMENTS

Your completed application must include the following attachments:

1. **NON-REFUNDABLE** License Fee of \$250
2. Copy of Certificate of Occupancy for Establishment location
3. For each entity named in this application, a copy of the Certificate of Fact issued by the Office of the Texas Secretary of State or, for a foreign entity, a copy of a comparable certificate issued by the applicable foreign state agency
4. Copy of the Establishment's Texas Massage Establishment License
5. For every employee, a copy of their government-issued identification card and, if applicable, their Texas Massage Therapist License

PART 6: SIGNATURES

The information I have submitted in this Application is true and accurate. **I have read, understand, and agree to follow all applicable state and local laws.**

If Applicant is:	Who Must Sign:	
Individual	Individual Owner	Print Name: _____
Partnership	Partner	Signature: _____
Corporation	Officer	Title: _____
Limited Partnership (LP)	General Partner	Date: _____
Limited Liability Partnership (LLP)	General Partner	
Limited Liability Company (LLC)	Officer or Manager	