

Establishment Name:

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

Application for Massage Establishment License

□ New Application□ Ownership Change

PART 1: BASIC INFORMATION

nysical Street Address (l	NOT a P.O. Box):			□ Annual Renewal
eet B	ldg/Ste #	City	State	Zip
ailing Address (used to	receive mail from TDLR	; may be a P.O. Box):		
eet B	ldg/Ste #	City	State	Zip
one Number:		General Business Email: _		
me of Person filling out	t this Application:			
rson's Phone Number:		Person's Email:		
	PART 2:	OWNERSHIP INFORM	<u>ATION</u>	
ho owns the Massa	ge Establishment?((select one)		
Owner Title:		Owner Date of Birth:		_Owner Gender: M / F
		Phone Number:		
	ddress (NOT a P.O. Box			
Street	Bldg/Ste #	City	State	Zip
How long has Owner	r lived in Amarillo?		In Texas?	
Summarize Owner's	employment history for	the last 5 years (use additi	ional pages if necess	eary):

	s the Owner applied for an o es, list the Massage Establis			
Is the Owner married?	□ No □ Yes (Provide	e Spouse's Informat	ion Here)	
Spouse's Name:	Spous	se's Date of Birth:		Spouse's Gender: M / F
Spouse's SSN/ID:	Spouse's Pho	ne Number:	Spouse's Er	nail:
Spouse's Residence Ad	ddress (NOT a P.O. Box):			
Street	Bldg/Ste #	City	State	Zip
How long has Owner's	spouse lived in Amarillo? _		In Texas? _	
Summarize Owner's sp	oouse's employment history	for the last 5 years	(use additional pag	es if necessary):
In the past 5 years, has	s the Owner's spouse been	convicted of any cri	me of moral turpitud	de or a felony? □ No □ Yes
	s the Owner's spouse applie			
□ No □ Yes If ye	es, list the Massage Establis	shment Name(s) and	d Application Dates	:
Partnership:				
	_P):			
	ership (LLP):			
	элэлгр (——			
State of Formation:	Filing Number	:D	ate Filed:	FEIN:
responsible for the shareholder, director,	management of the Mas	sage Establishme, manager, trustee	nt. (An <i>Owner</i> i , or receiver of the	or person who is primarily s any owner, proprietor e Massage Establishment as needed.
Partner #1 Name:			% Membersh	nip 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 F	Phone Number:	Partner Ema	ail:
Partner Residence Addr	ess (NOT a P.O. Bo	x):		
Street	Bldg/Ste #	City	State	Zip
How long has this Partne	er lived in Amarillo?		In Texas? _	
Summarize this Partner'	s employment histor	y for the last 5 years	(use additional pages if	necessary):
-				
In the past 3 years, has	this Partner applied	for an original Massa	·	elony? □ No □ Yes se with the City of Amarillo? :
→ If this Partner is and	other entity:			
State of Formation:	Filing Nu	umber:	Date Filed:	FEIN:
Partner #2 Name:			% Membersh	nip or Units Held:
(check all that apply) \Box	General Partner	□ Limited Partner	□ Manager/Operator	/Person in Charge
→ If this Partner is an i	individual:			
Partner Title:		Partner Date of Birth	:	Partner Gender: M / F
Partner SSN/ID:	Partner F	Phone Number:	Partner Ema	ail:
Partner Residence Addr	ess (NOT a P.O. Bo	x):		
Street	Bldg/Ste #	City	State	Zip
How long has this Partne	er 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 th	is Partner been convicted of any crime	of moral turpitude or	a felony? □ No	υ П
	nis Partner applied for an original Massa list the Massage Establishment Name(s			of Amari
→ If this Partner is anot	her entity: Filing Number:	Date Filed:	FEIN:	
Corporation:				
	Filing Number:			
State of Formation: Total # of Shares Issued: The following information	Filing Number:	Date Filed: th manager, operato	FEIN:	s prim
State of Formation: Fotal # of Shares Issued: The following information responsible for the management of the manageme	Filing Number:	Date Filed: h manager, operators hment. (An <i>Owne</i> estee, or receiver of Use additional page	FEIN: or, or person who iter is any owner, the Massage Estates as needed.	s prim propri blishm
State of Formation: Total # of Shares Issued: The following information responsible for the management of the manageme	Filing Number: on is needed for each Owner <u>and</u> each anagement of the Massage Establis	Date Filed: h manager, operators hment. (An <i>Owne</i> estee, or receiver of Use additional page	FEIN: or, or person who in the massage Esta	s prim propri blishm
State of Formation: Fotal # of Shares Issued: The following information responsible for the main shareholder, director, or the main of the shareholder may be an incompared to the shareholder Officer Check all that apply) Shareholder Officer	Filing Number: on is needed for each Owner and each on a sage establishing fricer, partner, member, manager, trudividual or another business entity.)	Date Filed: th manager, operators thment. (An <i>Owne</i> stee, or receiver of Use additional page	FEIN:FEIN: or, or person who is any owner, the Massage Estates as needed.	s prim propri blishm
State of Formation: Total # of Shares Issued: The following information esponsible for the management of the managemen	Filing Number:	Date Filed: ch manager, operator chment. (An Owner estee, or receiver of Use additional page //	FEIN: or, or person who is er is any owner, the Massage Esta es as needed. or # of Shares: Person in Charge	s prim propri blishm
State of Formation: Fotal # of Shares Issued: The following information esponsible for the management of the managemen	Filing Number: on is needed for each Owner and each on a sage establishing fricer, partner, member, manager, trudividual or another business entity.)	Date Filed: ch manager, operator chment. (An <i>Owne</i> estee, or receiver of Use additional page	FEIN:FEIN:	s prim propri blishm
State of Formation: Fotal # of Shares Issued: The following information: The follow	Filing Number: on is needed for each Owner and each anagement of the Massage Establis fficer, partner, member, manager, trudividual or another business entity.) Director □ Trustee □ Beneficiary dividual: Owner Date of Birth: Owner Phone Number:	Date Filed: ch manager, operator chment. (An <i>Owne</i> estee, or receiver of Use additional page	FEIN:FEIN:	s prim propri blishm
State of Formation: Fotal # of Shares Issued: The following information responsible for the management of the manageme	Filing Number: on is needed for each Owner and each anagement of the Massage Establis fficer, partner, member, manager, trudividual or another business entity.) Director □ Trustee □ Beneficiary dividual: Owner Date of Birth: Owner Phone Number:	Date Filed:	FEIN:FEIN:	s prim propri blishm

In the past 5 years, has this	s Owner been convicted of a	ny crime of mora	I turpitude or a felony	?
	s Owner applied for an origir ist the Massage Establishme	•		th the City of Amarillo?
→ If this Owner is another	er entity:			
State of Formation:	Filing Number:	Dat	te Filed:	FEIN:
Owner #2 Name:			% or # o	f Shares:
(Check all that apply) □ Shareholder □ Officer	□ Director □ Trustee □ Be	neficiary □ Mana	ager/Operator/Persor	n in Charge
→ If this Owner is an indi	vidual:			
Owner Title:	Owner Dat	e of Birth:		Owner Gender: M / F
Owner SSN/ID:	Owner Phone Num	ber:	Owner Email:	
Owner Residence Address	(NOT a P.O. Box):			
Street	Bldg/Ste #	City	State	Zip
How long has this Owner li	ved in Amarillo?		In Texas?	
Summarize this Owner's en	mployment history for the las	t 5 years (use ad	ditional pages if nece	essary):
In the past 5 years, has this	s Owner been convicted of a	ny crime of mora	I turpitude or a felony	?
	s Owner applied for an origir ist the Massage Establishme			th the City of Amarillo?
→ If this Owner is another	r entity:			
State of Formation:	Filing Number:	Dat	te Filed:	FEIN:

Limited Liability Comp	any (LLC):				
State of Formation:	Filing	g Number:	Dat	e Filed:	FEIN:
□ Member Managed	□ Manager M	lanaged	Total # of Me	emberships Issued: _	
The following informaresponsible for the national shareholder, director, An <i>Owner</i> may be an in	nanagement of officer, partner,	the Massage member, mana	Establishment ger, trustee, o	. (An <i>Owner</i> is a or receiver of the Ma	any owner, proprietor assage Establishment
Owner #1 Name:				% or # of Membe	ership Units:
(Check all that apply)	□ Member	□ Manager	□ Officer	□ Manager/Ope	rator/Person in Charge
→ If this Owner is an i	ndividual:				
Owner Title:		Owner Date	of Birth:		Owner Gender: M / F
Owner SSN/ID:	Owne	er Phone Numbe	r:	Owner Email:	
Owner Residence Addre	ess (NOT a P.O. I	Box):			
Street	Bldg/Ste #		City	State	Zip
How long has this Owne	er lived in Amarillo	o?		In Texas?	
Summarize this Owner's	s employment his	tory for the last t	5 years (use add	ditional pages if nece	essary):
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				blishment License wi Application Dates:	ith the City of Amarillo?
→ If this Owner is ano	ther entity:				
State of Formation:	Filing	g Number:	Dat	e Filed:	FEIN:
Owner #2 Name:				% or # of Membe	ership Units:
(Check all that apply)	□ Member	□ Manager	□ Officer		rator/Person in Charge

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	Owner Title:	Owner	Date of Birth:		Owner Gender: M /
Street Bidg/Ste # City State Zip	Owner SSN/ID:	Owner Phone Number: Owner Email			
How long has this Owner lived in Amarillo? In Texas?	Owner Residence Addre	ss (NOT a P.O. Box):			
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?	Street	Bldg/Ste #	City	State	Zip
In the past 5 years, has this Owner been convicted of any crime of moral turpitude or a felony?	How long has this Owner	r lived in Amarillo?		In Texas?	
In the past 3 years, has this Owner applied for an original Massage Establishment License with the City of Amari No Yes If yes, list the Massage Establishment Name(s) and Application Dates: Yes If yes, list the Massage Establishment Name(s) and Application Dates: Yes If yes, list the Massage Establishment Name(s) and Application Dates: Yes If this Owner is another entity:	Summarize this Owner's	employment history for the	e last 5 years (use ad	dditional pages if ne	ecessary):
In the past 3 years, has this Owner applied for an original Massage Establishment License with the City of Amari No Yes If yes, list the Massage Establishment Name(s) and Application Dates: Yes If yes, list the Massage Establishment Name(s) and Application Dates:	In the past 5 years, has t	his Owner been convicted	of any crime of mora	al turpitude or a felc	ony? □ No □ Y
→ If this Owner is another entity: State of Formation:Filing Number:Date Filed:FEIN:	In the past 3 years, has t	his Owner applied for an o	riginal Massage Esta	ablishment License	•
State of Formation:Filing Number:Date Filed:FEIN:	□ No □ Yes If yes	, list the Massage Establish	nment Name(s) and	Application Dates:	
State of Formation:Filing Number:Date Filed:FEIN:					
s information is required for every employee and contractor, regardless of the job they perform. Use itional sheets as necessary. Phone Number:					
s information is required for every employee and contractor, regardless of the job they perform. Use itional sheets as necessary. Phone Number:		•	Da	ate Filed:	FEIN:
Street Bldg/Ste # City State Zip		Filing Number:			FEIN:
Street Bldg/Ste # City State Zip ployee #2 Name:	State of Formation:s information is required	Filing Number: PART 3: EMPL for every employee and	OYEE INFORMA	<u>TION</u>	
Phone Number:	State of Formation:s s information is required itional sheets as necess	Filing Number: PART 3: EMPL for every employee and eary.	<u>OYEE INFORMA</u>	TION ess of the job the	y perform. Use
ress:	State of Formation:s information is required itional sheets as necess ployee #1 Name:	Filing Number: PART 3: EMPL for every employee and eary.	_OYEE INFORMA contractor, regardl	TION ess of the job the	y perform. Use er:
Phone Number: Iress: Street	State of Formation:s information is required itional sheets as necess ployee #1 Name:	Filing Number: PART 3: EMPL for every employee and eary. Bldg/Ste #	_OYEE INFORMA contractor, regardl	TION ess of the job the Phone Number	y perform. Use er: Zip
Phone Number: Iress: Street	State of Formation: s information is required itional sheets as necess ployee #1 Name: ress:Street ployee #2 Name:	Filing Number: PART 3: EMPL for every employee and eary. Bldg/Ste #	_OYEE INFORMA contractor, regardl	TION ess of the job the Phone Number	y perform. Use er: Zip
Street Bldg/Ste # City State Zip	State of Formation: s information is required itional sheets as necess ployee #1 Name: ress:Street ployee #2 Name:	Filing Number: PART 3: EMPL for every employee and eary. Bldg/Ste #	LOYEE INFORMA contractor, regardl	TION ess of the job the Phone Number State Phone Number	y perform. Use er: Zip er:
	State of Formation: s information is required itional sheets as necess ployee #1 Name: ress: Street ployee #2 Name: ress: Street	Filing Number: PART 3: EMPL for every employee and eary. Bldg/Ste #	City	TION ess of the job the Phone Number State Phone Number	y perform. Use er: Zip Zip
ployee #4 Name:Phone Number:	State of Formation: s information is required itional sheets as necess ployee #1 Name: ress: Street ployee #2 Name: Street ployee #3 Name:	Filing Number: PART 3: EMPL for every employee and eary. Bldg/Ste #	City	TION ess of the job the Phone Number State Phone Number	y perform. Use er: Zip Zip
	State of Formation: s information is required itional sheets as necess ployee #1 Name: ress: Street ployee #2 Name: Street ployee #3 Name:	Filing Number: PART 3: EMPL for every employee and eary. Bldg/Ste #	City	TION ess of the job the Phone Number State Phone Number	y perform. Use er: Zip Zip Zip er:

Street Bldg/Ste # City State Zip

PART 4: LEASE INFORMATION

	•	emises where the Estat Lease Information Here)	(Use additional sheets for a	dditional Lessor	s or Lessees)
Lessor Name:			Lessor Phone Number:		
Lessor Address:		21.0	011		
	Street	Bldg/Ste #	City	State	Zip
Lessee Name:			Lessee Phone Number:		
Lessee Address:				_	
	Street	Blda/Ste #	Citv	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	Cianatura
Corporation	Officer	Signature:
Limited Partnership (LP)	General Partner	Title:
Limited Liability Partnership (LLP)	General Partner	
Limited Liability Company (LLC)	Officer or Manager	Date: