



Public Health
Prevent. Promote. Protect.

City of Norwalk
Department of Health
137 East Avenue
Norwalk, CT 06851
Phone (203) 854-7821
www.norwalkhealthdept.org

- New Establishment
- Change of Ownership
- Permit Renewal

Permit Filing Fee: \$100
Fees are non-refundable

Application to Operate a Massage Establishment

INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETE OR APPLICATION WILL BE RETURNED. All services offered must also be listed. Any service added after a permit is issued must be brought to the attention of the Department of Health in writing prior to adding the service. In addition, any change in personnel after the permit is issued must also be brought to the attention of the Department of Health. At the time of filing this application, authorization will be given to verify employee information. Permits are non-transferable. All massage establishments are required to renew their permits annually. Please note that all massage therapists must also apply for a separate permit to practice in the City of Norwalk.

Checklist for Massage Applicants: Make sure all items have been completed and/or included

- Completed Application. Provide ALL information requested.
- Two Portrait Photographs of Applicant, Massage Therapists, and Non-licensed Employees
- Complete set of fingerprints from Applicant, Massage Therapists, and Non-licensed Employees, taken by the Norwalk Police Department
- Certified Copy of massage therapist(s) State of CT Massage Therapy License(s)
- Permit Fee: Payable to the Norwalk Department of Health
- Plans for Physical Layout of the Establishment
- Operating Polices and Procedures

Name of Applicant (Operator of Establishment): _____

Home Address: _____ City _____ State _____ Zip _____

Home Telephone: _____ Date of Birth: _____

Applicant* Must Provide the Following:

- Two portrait photographs, at least two inches by two inches
- Complete set of fingerprints, taken by the Norwalk Police Department

* If applicant is not a naturalized citizen, include a list and two portrait photographs of each shareholder, director, officer, member, manager, partner, and other principal of the applicant entity. Provide a complete set of their fingerprints as well.

Name of Establishment: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Fax: _____ Days/Hours of Operation: _____

Massage Services Offered: List Types of Massage Services and Include Prices.

Service: _____	Price: _____	Service: _____	Price: _____
Service: _____	Price: _____	Service: _____	Price: _____
Service: _____	Price: _____	Service: _____	Price: _____
Service: _____	Price: _____	Service: _____	Price: _____
Service: _____	Price: _____	Service: _____	Price: _____
Service: _____	Price: _____	Service: _____	Price: _____
Service: _____	Price: _____	Service: _____	Price: _____
Service: _____	Price: _____	Service: _____	Price: _____

List Massage Therapists: Provide two portrait photographs, at least two inches by two inches; a complete set of fingerprints, taken by the Norwalk Police Department; and a certified copy of State of CT Massage Therapist License.

Name	Home Address / City / State / Zip	Date of Birth

(Attach additional information on separate sheet)

List Other Employees: Provide two portrait photographs, at least two inches by two inches, and a complete set of fingerprints, taken by the Norwalk Police Department.

Name	Home Address / City / State / Zip	Date of Birth

(Attach additional information on separate sheet)

Have you or any of the establishment’s massage therapists and non-licensed employees ever had his or her massage therapy license Denied, Suspended, or Revoked? YES () NO ()
 If YES, Why? _____

Have you or any of the establishment’s massage therapists ever been convicted of any offenses other than motor vehicle violations within the past ten years? YES () NO ().
 If YES, state the place and date of conviction, the nature of the offense and any further explanation.

List Persons with Financial Interest: Provide names and addresses of persons with financial interest in Massage Establishment and amount of interest.

Name	Home Address / City / State / Zip	%Interest

(Attach additional information on separate sheet)

Plans/Specifications: Applicant must submit a total of three (3) sets of plans in a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to minimum scale of ¼ inch = 1 foot. The plan shall be properly labeled outlining each detail of the establishment's intended services.

Information accompanying or located on the plan shall include:

1. The proposed list of all services offered.
2. The location of all equipment clearly labeled with its common name.
3. Adequate hand washing facilities located centrally, unless otherwise determined, near all locations where massages are offered.
4. The location of bathroom(s), locker rooms, dressing rooms, showers, whirlpools, therapeutic baths, and other rooms of the facility.
5. The location of utility sink(s), washer(s), dryer(s), refuse area, equipment, and cabinets.
6. Auxiliary areas such as storage rooms, basements, and/or cellar used for storage, employee locker rooms, and/or storage cabinets.
7. The plan layout shall contain room size, aisle space, space between equipment and other appropriate dimension.
8. The plan and specifications shall also include:
 - a. Entrance and exits.
 - b. Complete finish schedules for each room to include floors, walls, ceilings and covered bases juncture.
 - c. Plumbing locations of floor drains, tub drains, floor sinks, water supply lines, hand washing sinks, toilets, waste lines, hot water generating equipment, back flow prevention, waste line connections.
 - d. Lighting and electrical outlets.
 - e. Source of water supply and waste disposal location (compliant with state and local regulations).
 - f. Equipment to include specification sheets.
 - g. Ventilation designed for each room.
 - h. Refuse area designated.
 - i. Cabinets and storage space.
 - j. Dressing rooms, locker areas, massage rooms, employee break area, reception, and other service areas.
 - k. Specification sheets on all equipment.
 - l. Sanitization procedures for all equipment.

Operating Policies and Procedures: Provide a written statement of operating policies and procedures pertaining to:

- Times of operation
- Accessibility
- Personnel Policies
- Methods and schedules of cleaning and sanitizing
- Provisions for safety and health of clients and employees

MESSAGE ESTABLISHMENT VERIFICATION

ESTABLISHMENT NAME _____

ESTABLISHMENT ADDRESS _____

Notice: Pursuant to Norwalk City Code Chapter 65, no person shall operate or maintain within the City of Norwalk any massage establishment without having a valid permit issued by the Director of Health. Only a person who complies with the requirements of the Norwalk City Code shall be entitled to receive or retain such a permit.

Massage establishments must be in compliance with all other applicable Federal, State, and Local Laws including Building, Fire, and Zoning code provisions. No permit will be granted until the applicant has satisfied the Director of Health that the establishment is in compliance with such code Provisions.

I HEREBY SWEAR THAT THE FOREGOING REPRESENTATIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE MY RESPONSIBILITIES AS SET FORTH ABOVE.

Applicant's Signature: _____ Date: _____

City of Norwalk Approvals:

<u>Department</u>	<u>Signature</u>	<u>Date</u>
Code Enforcement	_____	_____
Fire Department	_____	_____
Planning and Zoning	_____	_____
Health Department	_____	_____

Office Use Only

Date Application Received: _____

Date Application Forwarded to Police Department _____ Returned: _____

Date Application Forwarded to: _____ Returned: _____

Date Application Forwarded to: _____ Returned: _____

Date Application Forwarded to: _____ Returned: _____