

Planning & Development Department
MESSAGE BUSINESS PERMIT APPLICATION

1. BUSINESS INFORMATION:

DATE OF SUBMITTAL: _____

ADDRESS WHERE BUSINESS IS TO BE CONDUCTED: _____

HCAD PARCEL NO(s) 13-digit Tax ID(s): _____

PROPERTY LEGAL DESCRIPTION: _____

MESSAGE BUSINESS PERMIT LICENSE: NEW RENEWAL

BUSINESS NAME: _____ EXISTING BUILDING NEW BUILDING

BUSINESS OWNER'S NAME: _____ PHONE: _____

STYLE/ TYPE OF MESSAGE: _____ NUMBER OF EMPLOYEES: _____

LIST NAME (S) OF ALL EMPLOYEES: _____

PROVIDE TYPE OF OWNERSHIP OF THE BUSINESS: INDIVIDUAL PARTNERSHIP CORPORATION

CONTACT NAME: _____ TITLE: _____

E-MAIL: _____ PHONE: _____ FAX: _____

2. BUILDING OWNER INFORMATION:

BUILDING OWNER'S NAME: _____ PHONE: _____

E-MAIL: _____ MAILING ADDRESS: _____

PHYSICAL ADDRESS OF BUILDING OWNER: _____

3. APPLICATION CHECKLIST & SUPPORTING DOCUMENTS: ALL STATEMENTS MUST BE SIGNED AND DATED.

- BUSINESS REGISTRATION:
- COPY OF MESSAGE THERAPY ESTABLISHMENT LICENSE
- ATTACH A LIST OF NAMES, PHONE NUMBERS, AND RESIDENCE ADDRESSES FOR:
 - MANAGER OR OTHER PERSONS PRINCIPALLY IN CHARGE OF OPERATION OF THE BUSINESS
 - ALL MASSEURS
 - ALL EMPLOYEES IN THE BUSINESS
- PERSONAL INFORMATION CONCERNING THE APPLICANT, IF AN INDIVIDUAL; AND CONCERNING EACH STOCKHOLDER HOLDING MORE THAN 10% OF THE STOCK OF THE CORPORATION, AND EACH OFFICER AND DIRECTOR, IF APPLICANT IS A CORPORATION, AND CONCERNING THE PARTNERS, INCLUDING LIMITED PARTNERS, IF THE APPLICANT IS A PARTNERSHIP; AND THE HOLDER OF ANY LIEN, OF ANY NATURE, UPON THE BUSINESS AND/OR THE EQUIPMENT USED THEREIN; AND CONCERNING THE MANAGER OR OTHER PERSON PRINCIPALLY IN CHARGE OF THE OPERATION OF THE BUSINESS.
- FURNISH COPY OF TEXAS SALES & USE TAX CERTIFICATE NOT APPLICABLE

NOTES TO APPLICANT: (ORDINANCE NO. 2015-3598)

- NOT A VALID PERMIT UNTIL BUSINESS OWNER IS NOTIFIED OF APPROVAL AND ALL APPLICABLE FEES ARE PAID IN FULL.
PERMIT FEE \$75.00 PER CALENDAR YEAR (NON-REFUNDABLE)
A NEW AND COMPLETE APPLICATION IS REQUIRED FOR LICENSE RENEWAL EACH YEAR BY DECEMBER 31ST.
- A ZONING PERMIT IS REQUIRED IF CHANGE OF TENANT, USE, OR OWNERSHIP TO THIS LOCATION.
- A COMPLETE APPLICATION FOR MESSAGE BUSINESS LICENSE/PERMIT AND ALL SUPPORTING DOCUMENTS ARE REQUIRED FOR REVIEW.
MUST OBTAIN CITY APPROVAL PRIOR TO CONDUCTING BUSINESS AT THIS LOCATION.
- EACH EMPLOYEE MUST COMPLETE AN EMPLOYEE REGISTRATION FORM AND MUST OBTAIN APPROVAL OF CITY OF LA PORTE PRIOR TO EMPLOYMENT AT THIS LOCATION.

I HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

I HEREBY CONSENT TO UNRESTRICTED ACCESS/ INSPECTION DURING BUSINESS HOURS BY CITY PERSONNEL.

BUSINESS OWNER'S SIGNATURE: _____ **DATE:** _____

(OFFICE USE ONLY) Planning Department is responsible for all document collection for application review.

COMPLETE APPLICATION & DOCUMENTS RECEIVED BY: _____ DATE: _____

ZONING PERMIT FOR THIS ESTABLISHMENT: PERMIT # _____ ISSUED DATE: _____

La Porte Police Department to verify all documents to be true and correct.

APPROVED DENIED BY CHIEF OF POLICE: _____ DATE: _____

APPROVED DENIED BY BUILDING OFFICIAL: _____ DATE: _____

APPROVED DENIED BY PLANNING DIRECTOR: _____ DATE: _____

PERMIT BUSINESS LICENSE NO. _____

City of La Porte
604 W. Fairmont Pkwy.
La Porte, TX 77571

Planning & Development Department
MESSAGE BUSINESS EMPLOYEE REGISTRATION

Phone: 281.470.5073
Fax: 281.470.5005
www.laportetx.gov

NAME OF EMPLOYEE: _____ PHONE: _____

E-MAIL: _____ MAILING ADDRESS: _____

BUSINESS NAME: _____ ADDRESS: _____

(ORDINANCE NO. 2015-3598)

APPLICATION CHECKLIST & SUPPORTING DOCUMENTATION:

NOTE: **ALL EMPLOYEES ARE REQUIRED TO PROVIDE A COMPLETE APPLICATION AND REQUESTED INFORMATION LISTED ON THIS FORM.**
ALL STATEMENTS MUST BE SIGNED AND DATED. ATTACH ADDITIONAL PAGE IF NEEDED TO PROVIDE INFORMATION.

- COPY OF MESSAGE THERAPIST LICENSE
- COPY OF VALID TEXAS ISSUED I.D. HEIGHT: _____ WEIGHT: _____ COLOR OF HAIR: _____ COLOR OF EYES: _____
- (2) FRONT FACING 2"X 2" PHOTOGRAPHS TAKEN WITHIN (30) DAYS OF THE DATE OF APPLICATION.
- WRITTEN 10 YEAR HISTORY OF MESSAGE OR SIMILAR BUSINESS HISTORY INCLUDING ANY AND ALL LICENSES, DENIED PERMITS, REVOKED & SUSPENDED LICENSES, ETC.
- COPY OF ALL CRIMINAL ARRESTS, FULLY DISCLOSING THE JURISDICTION IN WHICH ARRESTED NOT APPLICABLE
- THE TWO (2) PREVIOUS ADDRESSES IMMEDIATELY PRIOR TO THE PRESENT ADDRESS OF THE APPLICANT.
- COMPLETE SET OF FINGER PRINTS

LIST NAME, ADDRESS, PHONE # OF 3 HARRIS COUNTY RESIDENTS 18 OR OLDER TO SERVE AS CHARACTER REFERENCES.
(NO RELATIVES OR BUSINESS ASSOCIATES)

PLEASE PRINT CLEARLY

1. NAME: _____ PHONE: _____

ADDRESS: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____

3. NAME: _____ PHONE: _____

ADDRESS: _____

I HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF EMPLOYEE: _____ **DATE:** _____

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COMPLETE APPLICATION & DOCUMENTS RECEIVED BY: _____ DATE: _____

PLANNING DEPARTMENT MESSAGE BUSINESS PERMIT LICENSE #: _____ STATUS: _____

La Porte Police Department to verify all documents to be true and correct.

APPROVED DENIED BY: CHIEF OF POLICE: _____ DATE: _____

COMMENTS: _____

PLANNING DEPARTMENT RECORDS UPDATED BY: _____ DATE: _____

E-MAIL UPDATE TO POLICE DEPARTMENT WHEN COMPLETED