



Montgomery County Department of Health and Human Services

Licensure and Regulatory Services

2425 Reedie Drive, 9th Floor, Wheaton, Maryland 20902

Phone: 240-777-3986 / Fax: 240-777-3088 or 240-777-4531

www.montgomerycountymd.gov/licensure

[ ] New [ ] Renewal [ ] Change of Location TODAY'S DATE: \_\_\_\_\_

Bodyworks Establishment Name: \_\_\_\_\_

Establishment Street Address (P.O. Boxes not permitted): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Days Open for Business: \_\_\_\_\_ Hours Open for Business: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Establishment Email Address: \_\_\_\_\_

Owner of Establishment Name: \_\_\_\_\_

Owner Street Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Owner Email Address: \_\_\_\_\_

Workers' Compensation Insurance Company Name: \_\_\_\_\_ Policy/Binder No.: \_\_\_\_\_

Check here [ ] if this facility is operated by a sole proprietor with no employees, or by members of a partnership or LLC, and a Certificate of Compliance has been obtained.

If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

FEE SCHEDULE

Table with 2 columns: Fee Description, Amount. Rows include Initial Establishment Application (\$20.00), Initial Establishment License (\$200.00), Annual License Renewal (\$10.00), Duplicate License (\$10.00), Filing Renewal After Expiration (\$10.00), Change of Location (\$100.00).

Submit completed application and fee to address above. CASH IS NOT ACCEPTED. Checks/Money Orders payable to "Montgomery County, Maryland". Payment Method: (Select one payment method below)

[ ] Check or [ ] Money Order [ ] Visa or [ ] MasterCard only (complete information below)

OFFICE USE ONLY

Receipt No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_
Check/Money Order No.: \_\_\_\_\_ Credit Card Approval Code MC/VISA): \_\_\_\_\_

CREDIT CARD PAYMENT SECTION

Credit Cardholder's Name: \_\_\_\_\_ Credit Card No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

I agree to pay the above total amount according to the card issuer agreement:

Cardholder's Signature: \_\_\_\_\_

**Location of Owner's Residence for Past Five Years:**

1. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_
2. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_
3. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_
4. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_
5. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Please attach Additional Location(s), if necessary:

**Location of Business Operated by Owner for Past Five Years: (if different from residence listed above)**

1. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_
2. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_
3. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_
4. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_
5. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Please attach additional location(s), if necessary:

**Employment history of Owner for past three years:**

1. Employer \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Employer \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Employer \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Employer \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Employer \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

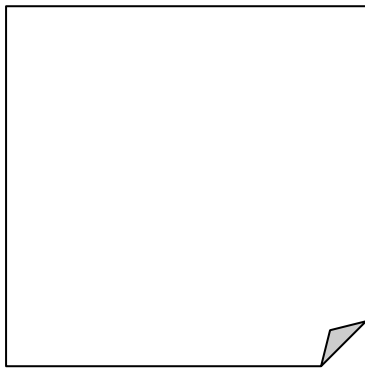
Please attach additional employers, if necessary:

List employee names providing Bodywork services at this location:

_____	_____
_____	_____
_____	_____

Please attach additional employees, if necessary:

4. Please affix a passport-style photo taken within the past 24 months



5. Are you a United States Citizen?:  Yes  No

If No, attach evidence of legal presence and employability in the United States.

**6. Please attach the following items below:**

- 1. Complete a Live Scan fingerprint and full criminal background check. Attach receipt See Bodyworks Establishment Fact Sheet for additional information.**
  - 2. A copy of any professional license or certification related to Bodyworks.**
  - 3. A written description of the services to be provided by the Establishment.**
  - 4. If the applicant is an Association or Partnership attach the names and resident addresses of each of the associates or partners. If the Applicant is a Corporation, attach the names and resident addresses of each of the Officers and Directors of the Corporation.**
  - 5. Copy of current or receipt of submittal for Use and Occupancy Permit and Fire Inspection.**
- 7. I am in good health and free of any communicable diseases:  Yes  No**
- 8. Have you ever been convicted of, pled nolo contendere, or received probation before judgment of a crime other than a traffic offense?:  Yes  No.**
- If you answered yes, please attach a brief description of the nature of the crime and disposition of the matter. Include the name of any parole or probation officer.**
- 9. Have you ever received a civil citation for practicing massage or bodyworks without a license?:  Yes  No**
- 10. Have you ever had a license to practice massage or bodyworks revoked by the State of Maryland or any other jurisdiction?:  Yes  No**

**By my notarized signature, I attest that all the information and documents included with this application are true and accurate. I have read and agree to comply with all requirements of Montgomery County Code 24.11.03, Monterey County Executive Regulation 14-14, Bodyworks, and comply with all applicable zoning, health, fire prevention, and building laws and regulations.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Subscribed and sworn to (or affirmed) before me, under penalties of perjury, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

**Notary Public Signature:**

\_\_\_\_\_  
**Print name above**

**My commission expires on: \_\_\_\_\_**