



City of Fort Wayne

Tom Henry, Mayor

APPLICATION FOR MASSAGE AND NUDE MODELING ESTABLISHMENT LICENSE

Civil City Accounting
City County Bldg, Room 925
One Main Street
Fort Wayne, IN 46802
Phone # (260) 427-1104
Fax # (260) 427-1446

Issuance Date _____
Beginning Date _____
Expiration Date _____
Permit # _____
Receipt # _____

Applicant

Name: _____

Applicant is an (check one): () Individual, () Partnership, () Corporation

If an Individual, complete the following:

Applicant Residence

Address: _____

_____ Street City State Zip Code

Applicant Residence Phone Number: _____

Applicant Business

Address: _____

_____ Street City State Zip Code

Applicant Business Phone Number: _____

Proof that applicant is at least (21) twenty-one years of age (attach copy of birth certificate)

Height: _____ Weight: _____ Sex: _____ Eye Color: _____

Hair Color: _____ Special Identifying Marks: _____

If a Partnership, complete the following:

Partnership

Address: _____

_____ Street City State Zip Code

Partnership Phone Number: _____

<u>Name, Residence Address, Phone Number of all Partners</u>	<u>% Int</u>	<u>Actv</u>	<u>Silent</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(1)

If a Corporation, complete the following:

<u>Name, Residence Address, Phone Number of each Officer, Director, and Stockholder owning more than 10% of Corporate Stock</u>	<u>O/D/S</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Home Office Address of Corporation: _____

Name of State in which incorporated: _____

Name & Address of resident agent (for service of process and receipt of mail): _____

Location, mailing address and all telephone numbers of the business to be conducted:

Location: _____

Mailing Address:

Phone Numbers:

Definition of Service to be provided by applicant: _____

List the (2) two previous addresses of applicant immediately prior to date of this application:

Location of proposed establishment:

Name of Addition: _____ Lot

No. _____

Address: _____

_____ Street City State Zip
Code

Property is () **owned** () **rented** by applicant (please check one)

If rented, who

From: _____

for a Term of: _____

Zoning: _____

(2)

Name and address of any other massage or nude modeling business owned by applicants (individuals, partners, corporate officers, directors, managing agents, or major stockholders):

Describe any other business to be operated on the same and or adjoining premises:

Attach (2) two color portrait photographs at least 3” x 3” of the applicants (individuals, partners, corporate officers, directors, managing agents, or major stockholders)

Attach copy of current driver’s license of each applicant (individuals, partners, corporate officers, directors, managing agents, or major stockholders)

3” x 3”

3” x 3”

Social Security Numbers of all persons who submitted pictures:

<u>Name</u>	<u>Soc Sec #</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

List Businesses, Employment and Occupations of applicants (individuals, partners, corporate officers, directors, managing agents, or major stockholders) for the (3) three years immediately preceding date of this application:

<u>Business/Employment</u>	<u>Occupation</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

(3)

State the massage or similar business license history of applicant if previously operating in the City of Fort Wayne or anywhere in the State of Indiana, in chronological order:

Applicant (has) (has not) -circle one- had a business license revoked/suspended in the last (5) five years.

If affirmative, state the reason(s) therefore:

List all criminal convictions of applicant (individual, partner, corporate officers, directors, managing agents, or major stockholders) including the City of Fort Wayne Massage and Nude Modeling Ordinance violations (but excluding misdemeanor traffic violations):

List all employees of the establishment, including massagists or nude models, who work on the premises. Include the address, social security #, date of birth and next of kin and attach (2) two color portrait

photographs at least 3" x 3" of each person listed with the name of the individual on the back of the photo:
 (you may attach photographs on separate sheet of paper)

<u>Name</u>	<u>Address</u>	<u>SS#</u>	<u>DOB</u>	<u>Next of Kin</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(4)

Applicant files this application pursuant to the provisions of Special Ordinance S-46-87, as now or thereafter amended, and all applicable City of Fort Wayne Ordinances and Indiana State Statutes and acknowledge that applicant is bound to abide by them and that failure to do so can result in the suspension or revocation of any license issued to applicant.

STATE OF INDIANA)
) SS:
 COUNTY OF ALLEN)

I hereby swear under penalty of perjury that the above and foregoing information and responses are true and correct.

 Signature of Applicant Date

 Typed Name

Subscribed and sworn to before me, a Notary Public, in and for said County and State this _____ day of _____, _____.

 Notary Public

My commission expires:

(5)

**APPLICATION FOR
MESSAGE AND NUDE MODELING
ESTABLISHMENT**

APPLICATION FOR:

DATE RECEIVED:

BY:
