

CITY OF VALDEZ, ALASKA
OFFICE OF THE CITY CLERK
P.O. BOX 307
VALDEZ, ALASKA 99686
907-834-3468

MESSAGE ESTABLISHMENT LICENSE APPLICATION

PLEASE PRINT OR TYPE INFORMATION

The massage establishment named _____, hereby makes an application for a MESSAGE ESTABLISHMENT LICENSE in accordance with Title 5, Chapter 5.20 of the Valdez Municipal Code for the license years 2023 and 2024.

To apply for your massage establishment license, please complete the form below and attach the following:

- **A copy of your establishment's State of Alaska business license,**
- **A copy of your establishment's City of Valdez business license,**
- **A color copy of current State of Alaska massage therapist licenses for any and all massage therapists practicing at your establishment,**
- **A color copy of current drivers' licenses or identification cards for any and all massage therapists practicing at your establishment, and**
- **A completed massage establishment license inspection form signed by the City building official, and**
- **A copy of the receipt for payment of the \$50 original application fee or \$25 renewal application fee.**

Note: Any therapists who begin practicing at your establishment after your establishment license is issued, must provide a color copy of their State of Alaska Therapist license and a color copy of their driver's license or identification card to the Valdez City Clerk to keep your establishment in compliance.

Establishment Name: _____

Physical Address of Establishment: _____

Mailing Address of Establishment: _____

Phone Number: _____ Email: _____

Name and Information for All Therapists Practicing at Your Establishment:

Therapist Name: _____ Date of Birth: _____
Mailing Address: _____
Phone Number: _____ Email: _____
State of Alaska Massage Therapist License Number: _____ Exp. Date: _____
Driver's License or ID Card Number: _____ State: _____ Exp. Date: _____

Therapist Name: _____ Date of Birth: _____
Mailing Address: _____
Phone Number: _____ Email: _____
State of Alaska Massage Therapist License Number: _____ Exp. Date: _____
Driver's License or ID Card Number: _____ State: _____ Exp. Date: _____

Therapist Name: _____ Date of Birth: _____
Mailing Address: _____
Phone Number: _____ Email: _____
State of Alaska Massage Therapist License Number: _____ Exp. Date: _____
Driver's License or ID Card Number: _____ State: _____ Exp. Date: _____

Therapist Name: _____ Date of Birth: _____
Mailing Address: _____
Phone Number: _____ Email: _____
State of Alaska Massage Therapist License Number: _____ Exp. Date: _____
Driver's License or ID Card Number: _____ State: _____ Exp. Date: _____

Therapist Name: _____ Date of Birth: _____
Mailing Address: _____
Phone Number: _____ Email: _____
State of Alaska Massage Therapist License Number: _____ Exp. Date: _____
Driver's License or ID Card Number: _____ State: _____ Exp. Date: _____

Therapist Name: _____ Date of Birth: _____
Mailing Address: _____
Phone Number: _____ Email: _____
State of Alaska Massage Therapist License Number: _____ Exp. Date: _____
Driver's License or ID Card Number: _____ State: _____ Exp. Date: _____

Has the establishment or any therapists listed in this application ever had any license or permit issued by any agency, board, city, county, or state revoked or suspended?

Yes _____ No _____, If Yes, please explain:

State of Alaska)

) ss

Third Judicial District)

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application and that the answers to the questions and other statements contained in this application are true and complete to his/her knowledge.

Subscribed and Sworn to before me this _____ day of _____ 20 ____

Signature of Massage Establishment Representative

Notary Public for the State of Alaska

My Commission Expires: _____

FOR CITY CLERK'S OFFICE USE ONLY

- License Fee Paid - \$50.00 Original Application Fee or \$25.00 Renewal Fee (Receipt Attached)
- COV Business License Current (Copy Attached)
- State of Alaska Business License Current (Copy Attached)
- Color copies of all current State of Alaska Massage Therapist Licenses (Copies Attached)
- Color copies of all Massage Therapist DLs/IDs (Copies Attached)
- Application Form Complete and Notarized
- City Building Official Inspection Completed & Signed
- License Sealed and Issued (Two Year License; Expires December 31 of Second Year)

New Massage Establishment License Expiration Date: _____

Date License Issued: _____

Issued By: _____

Office of the City Clerk

REQUIRED MESSAGE ESTABLISHMENT INSPECTION

(Please call the City of Valdez Building Official at 907-834-3401 to schedule your inspection. The inspection of your establishment must be completed prior to submitting your application.)

In accordance with Chapter 5.50.060 of Valdez Municipal Code, no license to operate a massage establishment shall be issued unless an inspection by the City Building Official or his/her designee reveals that the establishment complies with each of the following minimum requirements:

- A. The premises shall have adequate equipment for disinfecting and sterilizing non-disposable instruments and materials used in administering massages. Such non-disposable instruments and materials shall be disinfected after use on each patron.**

- B. Closed cabinets shall be provided and used for the storage of clean linen, towels, and other materials used in connection with administering massages. All soiled linens, towels, and other materials shall be kept in properly covered containers or cabinets, which containers and cabinets shall be kept separate from the clean storage areas.**

I hereby certify that I have personally completed an inspection of the following named massage establishment and found it is in compliance with all requirements outlined in Chapter 5.20.060 of Valdez Municipal Code.

Name of Massage Establishment

Printed Name of City Building Official or Designee

Signature of City Building Official or Designee

Date of Inspection: _____

Name of Massage Establishment Representative Present for Inspection: _____

<i>FOR CITY CLERK'S OFFICE USE ONLY</i>
Inspection Form Received by City Clerk's Office: _____
Inspection Received By: _____ Office of the City Clerk