MONTGOMERY TOWNSHIP
DEPARTMENT OF PLANNING AND ZONING
1001 STUMP ROAD, MONTGOMERYVILLE, PA 18936-9605
Telephone: 215-393-6920 · Fax: 215-855-1498
www.montgomerytwp.org

ANNUAL APPLICATION FOR MASSAGE ESTABLISHMENTS / TECHNICIANS

In accordance with Ordinance 24-338 adopted February 26, 2024 Massage Establishments including Massage Therapy and Alternative Therapy shall register and be licensed by Montgomery Township per provisions set forth in Chapter 178 of the Code of Montgomery Township.

Check one:

☐ **Massage Therapy Establishment**
☐ **Alternative Therapy Establishment**
☐ **Alternative Therapy Technician**

Establishment Business Name: _____

Property Address: _____

Mailing Address: _____

Phone: _____

Business Owner(s) Name: _____

Address: _____

Email: _____ phone: _____

Massage Therapy Establishments must be licensed by the Commonwealth of Pennsylvania:

☐ Provide Names and License Numbers of All Massage Therapists employed (attached sheet) and copy of their Licenses
☐ Copy of current Montgomery Township Business License for establishment

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Alternative Therapy Establishments:

☐ Provide Names of all Alternative Therapy Technicians employed (attached sheet)
☐ Copy of current Montgomery Township Business License for establishment

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Alternative Therapy Technician:

Name: _____

Residential Address: _____

Email: _____ phone: _____

Provide the following:

- ☐ Copy of Diploma or certification of graduation from a Recognized School
- ☐ Two forms of identification issued by either federal or state government, with one containing a photograph
- ☐ FBI criminal background check per the directions at FBI website (must be sealed and unopened envelope from the FBI)
- ☐ Certified state police criminal background check for the state in which they reside (must be notarized)
- ☐ Signed release permitting Montgomery Township Police Department to conduct local records checks

List all Massage Therapists and License Number:

_____

_____

_____

_____

_____

_____

_____

List all Alternative Therapy Technicians:

_____

_____

_____

_____

_____

_____

_____

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this license. I understand that the issuance of the license creates no legal liability, express or implied, on Montgomery Township; and certify that all the above information is accurate. Licenses issued are subject to compliance with Chapter 178 of the Code of Montgomery Township, as amended. The Township Board of Supervisors, may at any time revoke and annul this License for non-compliance with any of the conditions, restrictions and regulations thereof.

Applicant Name: _____ phone# _____

Applicant Signature: _____ date: _____

Office Use Only:

Permit Fee: $100.00 (Establishment)

$ 25.00 (Alternative Therapy Technician)

☐ Check# _____ ☐ Cash _____

Reviews / Approvals:

Montgomery Township Police Department: _____ Date: _____

Code Enforcement: _____ Date: _____

Issue Date: _____ Expiration Date: _____