



DEPARTMENT OF POLICE SERVICES
 2900 DIXWELL AVENUE
 HAMDEN, CONNECTICUT 06518

P H O T O

PERMIT NUMBER: _____ (ISSUED BY POLICE DEPARTMENT)

DATE ISSUED: _____ EXPIRATION DATE: _____

APPLICATION FOR: *Massage Business (\$150 Yearly Permit Fee)*
 Massage Therapist (\$125 Fee (new), renewal \$25)

INSTRUCTIONS FOR APPLICANT

Applicants must submit the following: ***Approval letter from planning and zoning***

- 1. One current passport size photograph.
- 2. Valid operator's license or state ID card. (copy)
- 3. Valid State of CT massage therapist license. (copy)
- 4. State of CT sales tax certificate (business only)
- 5. Letter of inspection from QVHD (business only)
- 6. Complete, signed and notarized application.

New applicants must also be fingerprinted by the Hamden Police Department and pay the following fees:

- 1. Applicants must pre-enroll. Please see attached information sheet with instructions to enroll.
- 2. \$25.00 Payable by either: cash, money order, cashier's check or business check.
 Please make checks payable to Biometric Identification Services. Credit cards and personal checks are NOT accepted.

FINGERPRINTING SCHEDULE:

WEDNESDAYS- 10:00 AM to 2:00 PM

APPLICANT'S NAME: _____ DATE: _____
LAST FIRST M.I. OF APPLICATION

HOME ADDRESS: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

HOME PHONE: () _____ - _____ BUSINESS PHONE: () _____ - _____

LIST ANY OTHER PLACES OF RESIDENCE DURING THE PAST (5) YEARS

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

HOW LONG HAS BUSINESS BEEN IN EXISTENCE: _____

HAS YOUR BUSINESS BEEN CONDUCTED IN ANY OTHER NAME DURING THE PAST
(7) SEVEN YEARS? YES NO

IF YES, WHAT WAS THE NAME OF THE BUSINESS? _____

ADDRESS: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

DESCRIBE IN DETAIL THE EXACT NATURE OF THE MASSAGE TO BE
ADMINISTERED.

LIST THE NAME & ADDRESS OF ANY PERSON(S) WHOM WILL BE EMPLOYED AT
THIS BUSINESS AND THE LENGTH OF TIME WORKING FOR SUCH PERSON(S):

NAME: _____

ADDRESS: _____ PHONE: _____

LENGTH OF EMPLOYMENT: _____
(USE SEPARATE SHEET OF PAPER IF NECESSARY)

APPLICANT'S PERSONAL INFORMATION

HAVE YOU USED ANY OTHER NAME(S) IN THE PAST? YES NO

IF YES, WHAT NAME(S)? _____

DATE OF BIRTH: ___/___/___ PLACE OF BIRTH: _____
MM DD YYYY

HEIGHT: ___' ___" WEIGHT: ___ LB HAIR COLOR: ___ EYE COLOR: ___

SCARS, MARKS, TATTOO'S YES NO IN YES, _____
LOCATION & DESCRIPTION

LOCATION & DESCRIPTION

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER LICENSE NUMBER: _____ STATE: _____

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIMINAL OR MOTOR VEHICLE OFFENSE? YES NO

IF THE ANSWER TO THE PREVIOUS QUESTIONS IS YES, THEN LIST ALL SUCH ARREST AND THE DISPOSITIONS BELOW: (USE A SEPARATE SHEET OF PAPER IF NEEDED)

OCCUPATION(S) DURING THE PAST YEAR: _____

PLACE OF EMPLOYMENT DURING THE PAST YEAR: _____

ADDRESS OF EMPLOYMENT DURING THE PAST YEAR: _____

LIST ANY OTHER TOWNS/CITIES WHERE YOU HAVE A VALID PERMIT TO CONDUCT SIMILAR BUSINESS: _____

CONNECTICUT STATE STATUE 53a-157 FALSE STATEMENT: CLASS A MISDEMEANOR

A PERSON IS GUILTY OF FALSE STATEMENT WHEN HE/SHE INTENTIONALLY MAKES A FALSE WRITTEN STATEMENT UNDER OATH OR PURSUANT TO A FORM BEARING NOTICE. AUTHORIZED BY LAW, TO EFFECT THAT FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE, WHICH HE DOES NOT BELIEVE TO BE TRUE AND WHICH STATEMENT IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL FUNCTION. FALSE STATEMENT IS A CLASS A MISDEMEANOR. THE PENALTY FOR A CLASS A MISDEMEANOR IS IMPRISONMENT FOR A TERM NOT TO EXCEED ONE YEAR, OR A FINE NOT TO EXCEED \$1,000.00 OR BOTH A FINE AND IMPRISONMENT. (SECTIONS 53A-28(b), 53a-36, and 53a-42)

I DECLARE, UNDER THE PENALTIES OF FALSE STATEMENT, THAT THE ANSWERS TO THE QUESTIONS CONTAINED IN THIS APPLICATIONS ARE TRUE AND CORRECT.

APPLICANTS SIGNATURE: _____ DATE: _____

SUBSCRIBED TO AND SWORN TO BEFORE ME
THIS ___ DAY OF _____, 20__ NOTARY PUBLIC _____
MY COMMISSION EXPIRES: _____

===== (FOR POLICE USE ONLY) =====

TYPE OF IDENTIFICATION _____ PHOTOGRAPHS SUBMITTED _____

FINGERPRINTED BY _____ DATE: _____ SENT TO STATE POLICE _____

FINGERPRINT CHECK RETURNED BY STATE POLICE _____ RESULTS _____

SPRC DONE (DATE) _____ HAMDEN POLICE SPECIAL INVESTIGATION CHECK DONE (DATE) _____

N.C.I.C. CHECK DONE (DATE) _____ OFFICER CONDUCTING INVESTIGATION _____

APPROVED BY _____ FOR THE HAMDEN DEPARTMENT OF POLICE SERVICE (CHIEF OF POLICE OR DESIGNEE)

APPROVED ON THIS _____ DAY OF _____ 20__

FEE REQUIRED YES NO AMOUNTS\$ _____ PAID ON (DATE) _____

Hamden Police Applicant Card \$25.00 fee (Cash or Check) Payable to "Biometric Identification Services" Fingerprinting: The State no longer accepts money orders or bank checks to accompany fingerprints. You MUST pre-enroll to be fingerprinted and pay online via credit card only. The website to enroll is <https://ct.flexcheck.us.idemia.io/cchrspreenroll/>The service code for Hamden PD massage establishment permit fingerprints is **F1A8-1763**. The fee is \$75.00. Once you are pre-enrolled to be fingerprinted you MUST bring a printed copy of the barcode/ tracking number with you. If the barcode /tracking number does not accompany the fingerprints we will NOT be able to accept the application. Please note that once you complete the pre-enrollment process and pay online there are NO refunds.