

Indianapolis Department of Code Enforcement

1200 Madison Avenue, Suite 100

Indianapolis, IN 46225

Phone: (317) 327-4316

Fax: (317) 327-0817

New _____ Renewal _____

License Fee: \$103.00



APPLICATION FOR
MASSAGE THERAPIST/ESCORT/
BODY PAINTING OR NUDE MODEL LICENSE

Name of Applicant: _____ Phone Number: _____

Address Applicant: _____ Zip Code: _____

Business Name: _____ Phone Number: _____

Address of Business: _____ Zip Code: _____

Email Address: _____ Age of Applicant: _____

Date of birth: _____ Social Security number: _____

Place of birth: _____ Race: _____

Former home address if lived at current address for less than three (3) years:

Nature of work performed: _____

Has the applicant ever been convicted of any public offense concerning an act of violence, moral turpitude, sex offense including, but not limited to prostitution or public indecency involving the act of touching oneself or another in a sexual manner: Yes _____ No _____

If so, list type of conviction and jurisdiction: _____

I understand that I may not ask for a refund of any of the fees if, for any reason, the Licensing Division cannot issue my license: Yes _____ No _____

Please indicate that you agree or disagree by marking yes or no for the following:

- 1.. Licensee is in good standing and has not had any license or registration to operate a business revoked or suspended: Yes _____ No _____
2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness: Yes _____ No _____
3. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials:
Yes _____ No _____
4. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated:
Yes _____ No _____
5. Licensee agrees to give the Department of Code Enforcement written notice once the business ceases to exist:
Yes _____ No _____

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature

Name Printed

Date Signed