



Chief of Police  
MICHAEL D. WOODS

TOWN OF COLONIE  
OFFICE OF THE CHIEF OF POLICE

312 WOLF ROAD  
LATHAM, NEW YORK 12110  
(518) 783-2744  
www.colonie.org/departments/police



Deputy Chiefs  
ROBERT H. WINN  
JAMES J. GERACE

## APPLICATION FOR MASSAGE BUSINESS PERMIT

§127-2 - No person shall engage in or carry on the business of massage unless he or she has a valid massage business permit issued by the Town pursuant to the provisions of this chapter for each and every separate office or place of business conducted by such person.

**Exemptions** – The provisions of this chapter shall not apply to:

- 1) **hospitals, nursing homes, sanatoriums or persons holding an unrevoked certificate to practice the healing arts** under the laws of the state or persons working under the direction of any such persons or in any such establishment,
- 2) **barbers or cosmetologists** lawfully carrying out their particular profession or business and holding a valid, unrevoked license or certificate of registration issued by the state
- 3) **persons holding valid licenses issued under the provisions of Article 155 of the Education Law.**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Type of Ownership (*Individual/Partnership/Corporation/etc.*): \_\_\_\_\_

Business Style and Designation: \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Applicant Phone: (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Character References: *References must be adult residences of the county other than relatives and business associates.*

1. Last Name - \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address - \_\_\_\_\_

2. Last Name - \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address - \_\_\_\_\_

3. Last Name - \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address - \_\_\_\_\_

**A check of \$50.00 made payable to the Town of Colonie (no cash),** as well as other paperwork outlined in the *Application For Massage Business Permit Informational Sheet*, must accompany this application to cover the clerical costs and investigation.

Additionally, applicants are required to furnish the following:

- (1) *Written proof of age*
- (2) *Two front-face portrait photographs taken within 30 days of the date of application and at least 2" x 2" in size.*
- (3) *All criminal convictions other than misdemeanor traffic violations, fully disclosing the jurisdiction in which convicted, and the offense for which convicted and the circumstances thereof.*
- (4) *Applicants are required to submit fingerprints electronically with IdentGO by MorphoTrust USA. See Informational Sheet about setting up an appointment for fingerprints.*
- (5) *Diploma, certificate or other written proof of graduation from a recognized school where the theory, method, profession or work of massage is taught.*
- (6) *A statement, in writing, from a licensed physician in the state that he has examined the applicant and believes the applicant to be free of all communicable diseases.*

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**Notice: False statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal Law.**

**Applicant Signature:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Return to: Town of Colonie Police Department - 312 Wolf Road - Latham, N.Y. 12110 – Attn. Massage Permit*

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**Office Use Only**

Application Approved / Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Received By: \_\_\_\_\_ Date: \_\_\_\_\_