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## Application for a Business Licence - Alternative Massage

200 King St W - 2nd Floor, Kitchener, Ontario N2G 4G7

[licensing@kitchener.ca](mailto:licensing@kitchener.ca) P: 519-741-2200-2275 F: 519-741-2705

[www.kitchener.ca/businesslicensing](http://www.kitchener.ca/businesslicensing)

### Definition:

"Alternative Massage Centre" means any premises or part thereof in which alternative massage is provided for hire or gain or respecting which a license has been granted. However, in the case of a publicly or privately funded post-secondary institution licensed pursuant to this chapter, an "alternative massage centre" shall mean the portion of the premises identified pursuant to Sections 508.2.14 and 508.2.15 during the class times specified thereon provided alternative massage is not provided or offered outside of the specified hours or location or provided to patrons for hire or gain.

"alternative massage" includes the kneading, manipulating, rubbing, massaging, touching, or stimulating by any means, of a person's body or part thereof but does not include services designed to appeal to erotic or sexual appetites or inclinations and does not include medical or therapeutic treatment performed or offered by persons otherwise duly qualified, licensed, or registered to do so under the laws of the Province of Ontario.

### Business Information

Date of Application: \_\_\_\_\_ Opening Date for Business: \_\_\_\_\_  
 Business/Operating Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Business Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Ownership Information

(Circle one)      Sole      Partnership      Incorporated (Corp #) \_\_\_\_\_  
 Name(s)/Partner(s) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mailing Address (if different than above): \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Applicant Information (IF SAME AS ABOVE, CHECK THE BOX)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mailing Address (if different than above): \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**CONTACT INFORMATION: (Contact will be used in Emergency situations and/or for inspections)**

Check the Box, if same as Owner

or Same as Applicant

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Preferred method of license delivery: (circle)

Mail

Email

Pick up

**Alternative Massage Centre Requirements:**

	Original Police Record Check (Schedule 2 attached for Police Record Check Requirements) Contact Phone # 519-653-7700 (for Waterloo Residents)
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	Alternative Massage Hours of operation and fee guide form See Attached form
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**Required Approvals: City staff to contact departments for final inspections.**

	Planning Approval Contact Phone # 519-741-2426
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**Non-refundable Application Licence Fee:**

\$418

**Licenses are non-transferable****Accepted Methods of Payment: Cash/Cheque/Debit**

I certify that:

- I am the business owner and/or have been authorized by the business owner listed on this application to apply for the Business Licence;
- I agree to comply with all requirements under this Bylaw, and/or any conditions placed on the licence;
- I am 18 years of age or older;
- I will confirm to and abide by any relevant City of Kitchener By-laws, and any other provincial or federal law or Act;
- I understand amendments to an issued licence may result in additional requirements and/or licence.
- I understand that the fees are non-refundable and cannot be prorated; and
- the statements contained in this application are true and accurate.

\_\_\_\_\_  
Applicant's Name (Printed)\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date

## **SCHEDULE 2**

### **POLICE RECORD CHECK REQUIREMENTS**

1. This schedule shall apply to those Persons who are required to provide Police Record Checks with an Application.
2. The Police Record Check accepted by the Manager of Licensing shall meet the following requirements:
  - a) must be the original version provided by the Police Department;
  - b) must be completed within the municipality that the Person resides;
  - c) must be obtained by the Person to whom it applies;
  - d) if the Applicant is part of a partnership, a completed Police Record Check must be obtained for each partner; and
  - e) if the Applicant is a corporation, a completed Police Record Check must be obtained for a director or officer, or a letter of authorization must be provided from any director naming a director, officer or employee of the corporation as their designate.
2. The Police Record Check shall only be considered valid if it is completed within six (6) months of the date of Application.
3. The Police Record Check shall be completed by a Canadian Police Service, or by a police service in the country where the Applicant resides. A Police Record Check completed by a third party agency will not be accepted.
4. Any Police Record Check that is completed in a foreign language must be translated and notarized.



# Alternative Massage Centre and Complementary Health Care Organizations

## Chapter 508 – City of Kitchener Municipal Code

Licensing Section, Corporate Services Department  
City of Kitchener, P.O. Box 1118, 200 King St W – 2nd Floor,  
Kitchener, Ontario N2G 4G7

Phone: (519) 741-2275 Fax: (519) 741-2705

### Name and Address of Alternative Massage Centre / Complimentary Health Care Organization

Business Name:

Business Address:

### Please List the Services that You will be Providing and the Fees for Each Service Provided

Service Provided	Fee for Service

### Please List Your Hours of Operation: (By-law states that you can only be open from 9:00 am to 8:00 pm)

Hours of Operation:

### Name of Person(s) Supervising When Owner is Not Present:


### Freedom of Information

*The information collected on this application form is collected under the Municipal Act and may be used by the City of Kitchener for purposes related to the licence. Personal information collected on this form is pursuant to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*

### Declaration (to be completed by owner of the Business)

I, \_\_\_\_\_, hereby acknowledge and certify that;

- the information contained in this form is true and complete to the best of my knowledge, and that failure to provide complete or accurate information may delay the renewal process;

Applicant Name (Please Print)	Signature of Applicant	Date