



ABINGTON TOWNSHIP

FIRE AND EMERGENCY MANAGEMENT SERVICES
CODE ENFORCEMENT DIVISION

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ALTERNATIVE THERAPY ESTABLISHMENT APPLICATION

<input type="checkbox"/> NEW ESTABLISHMENT APPLICATION	<input type="checkbox"/> ESTABLISHMENT LICENSE RENEWAL
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1) APPLICANT

Name _____ Number & Street Name _____

City, State & Zip Code _____ Phone _____ Email _____

OWNER APPLICANT: Applicant required to provide proof of property ownership.

TENANT/LEESEE APPLICANT: Applicant required to provide a copy of their lease.

2) ESTABLISHMENT INFORMATION

Number & Street Name _____ City _____ Zip Code _____ Unit No. _____

Name of Establishment (Doing Business As) _____ Legal Name of Business (If different than Name of Establishment) _____

Establishment Phone Number _____ Establishment Website _____

Services Provided <i>(Check All Applicable)</i>	<input type="checkbox"/> Acupressure	<input type="checkbox"/> Asian Bodywork Therapy	<input type="checkbox"/> Polarity Therapy Bodywork	<input type="checkbox"/> Reflexology	<input type="checkbox"/> Reiki	<input type="checkbox"/> Quigon
	<input type="checkbox"/> Shiatsu	<input type="checkbox"/> Tui Na	<input type="checkbox"/> Other: _____			

HOURS OF OPERATION	Open					
	Close					

3) ESTABLISHMENT OWNER

Name _____ Number & Street Name _____

City, State & Zip Code _____ Phone _____ Email _____

TYPE OF OWNERSHIP INDIVIDUAL CORPORATION LLC OTHER: _____
Type

4) PROPERTY OWNER

Name _____ Number & Street Name _____

City, State & Zip Code _____ Phone _____ Email _____

5) APPLICATION FEE

Please check the box for which the fee will be assessed as part of this application.

- If this establishment is new, check the New Establishment Fee.
- If this is an active, licensed establishment, please select Renewal Fee.

Fees are due upon submittal of the application, and applications submitted without the associated fee will not be accepted.

\$500.00 (NEW ESTABLISHMENT FEE) \$500.00 (RENEWAL FEE)



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6) APPLICATION INFORMATION		YES	NO	N/A
6a)	Is this a preexisting business within Abington Township?	<input type="checkbox"/>	<input type="checkbox"/>	
6b)	Does this business have any other locations?	<input type="checkbox"/>	<input type="checkbox"/>	
6c)	If yes to 6b, please list the locations below; if not able to fit, an additional sheet may be attached listing name and address, or a link to an online list if available is acceptable			<input type="checkbox"/>
6d)	Is this business licensed in any other locations?	<input type="checkbox"/>	<input type="checkbox"/>	
6e)	If yes to 6d, have any of those licenses been revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6f)	If yes to 6e, please list the locations below; if not able to fit, an additional sheet may be attached. You must include location name, address, revocation date, and reason for revocation.			<input type="checkbox"/>
6g)	Have any owners, managers, or other staff been convicted of any crimes pertaining to prostitution and related offenses, or any law of any other jurisdiction involving sexual misconduct.	<input type="checkbox"/>	<input type="checkbox"/>	
6e)	If yes to 6g, please list below; if not able to fit, an additional sheet may be attached. You must include name, location, crime, and conviction date			<input type="checkbox"/>

7) SUPPLEMENTAL DOCUMENTATION		Required
Description		
<input type="checkbox"/>	Copy of property deed if owner is the occupant and business is same entity as property owner, or;	If owner occupied
<input type="checkbox"/>	Signed lease agreement if business is not the owner of the space	If leasing space
<input type="checkbox"/>	Copy of current Abington Township Business License	Always
<input type="checkbox"/>	Articles of Incorporation, Articles of Organization, or other incorporating documentation	If ownership other than individual
<input type="checkbox"/>	Certificate of Insurance	Always
<input type="checkbox"/>	Copies of Alternative Therapy Technician licenses issued by Abington Township for each employee	Always
<input type="checkbox"/>	Floor plan of the establishment showing and listing all rooms of business	Always
<input type="checkbox"/>	Completed copy of Establishment Employees list; required to be up to date at all times	Always

8) APPLICANT CERTIFICATION	
<i>*Applicant must agree to below terms in order to submit an application</i>	
<input type="checkbox"/>	The applicant affirms that all information provided in the application is accurate and truthful, acknowledging full compliance with the requirements set forth by the Township Code for the issuance of this alternative therapy establishment license.
<input type="checkbox"/>	The applicant acknowledges having read and comprehended the regulations governing alternative therapy establishments as stipulated by the Township Code.
<input type="checkbox"/>	The applicant agrees that the establishment will abide by and conform with all laws, regulations, and ordinances stipulated by the Township Code governing alternative therapy establishments.
_____ Name	_____ Signature
_____	_____
	Date

9) OFFICE USE ONLY			
Application	Payment		Application Received
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Cash		
<input type="checkbox"/> Supplemental Documentation	<input type="checkbox"/> Check	No.	
<input type="checkbox"/> Signature	<input type="checkbox"/> Credit Card	Date	