



ABINGTON TOWNSHIP

FIRE AND EMERGENCY MANAGEMENT SERVICES
CODE ENFORCEMENT DIVISION



ALTERNATIVE THERAPY TECHNICIAN APPLICATION

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

Name _____ Number & Street Name _____

City, State & Zip Code _____ Phone _____ Email _____

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 You Provide <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:			

5) APPLICATION FEE

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

- If this is your first time submitting a license application, check the New Technician Fee.
- If you are a currently licensed technician with Abington Township and seeking renewal, please select Renewal Fee.

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

\$100.00 (NEW TECHNICIAN FEE) \$100.00 (RENEWAL FEE)

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 9b, 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) Are you licensed in any other locations?	<input type="checkbox"/>	<input type="checkbox"/>	
6e) If yes to 9d, have any of those licenses been revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6f) If yes to 9e, 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 you ever 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 9g, please list below; if not able to fit, an additional sheet may be attached. You must include location, crime, and conviction date			<input type="checkbox"/>



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7) SUPPLEMENTAL DOCUMENTATION

	Description	Required
<input type="checkbox"/>	Diploma or Certification of graduation from a recognized school	Always
<input type="checkbox"/>	Two Forms of Identification, one of which must contain a photograph <i>Acceptable forms of identification include</i> <ul style="list-style-type: none"> Driver's license State Issued Identification card Passport Certificate of Naturalization Certificate of Citizenship Military ID Permanent Resident Card 	Always
<input type="checkbox"/>	Copy of FBI Criminal Background Check per the directions at FBI website <i>Must be the sealed and unopened envelope from the FBI</i>	Always
<input type="checkbox"/>	Certified State Police criminal background check for state which you reside (must be notarized)	Always

8) APPLICANT CERTIFICATION

**Applicant must agree to below terms in order to submit an application*

- 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.
- The applicant acknowledges having read and comprehended the regulations governing alternative therapy establishments and technicians as stipulated by the Township Code.
- The applicant agrees that they will abide by and conform with all laws, regulations, and ordinances stipulated by the Township Code governing alternative therapy establishments and technicians.
- I understand that by submitting this application, the Abington Township Police Department will conduct a local records check and share the findings with Township Code Enforcement and other relevant Township Departments as part of the licensing process.

Name _____ Signature _____ Date _____

9) OFFICE USE ONLY

Application	Payment		
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Cash		<i>Application Received</i>
<input type="checkbox"/> Supplemental Documentation	<input type="checkbox"/> Check	No. _____	
<input type="checkbox"/> Signature	<input type="checkbox"/> Credit Card	Date _____	