



DEPARTMENT OF POLICE SERVICES  
2900 DIXWELL AVENUE  
HAMDEN, CONNECTICUT 06518

P H O T O

PERMIT NUMBER: \_\_\_\_\_ (ISSUED BY POLICE DEPARTMENT)

DATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**APPLICATION FOR:** ☐ *Massage Business (\$150 Yearly Permit Fee)*  
☐ *Massage Therapist (\$125 Fee (new), renewal \$25)*

**INSTRUCTIONS FOR APPLICANT**

Applicants must submit the following: \*\*\*Approval letter from planning and zoning\*\*\*

1. One current passport size photograph.
2. Valid operator's license or state ID card. (copy)
3. Valid State of CT massage therapist license. (copy)
4. State of CT sales tax certificate (business only)
5. Letter of inspection from QVHD (business only)
6. Complete, signed and notarized application.
7. Please make sure to notarize false statement page. Notary should be within 1 week of turning in paperwork.

New applicants must also be fingerprinted by the Hamden Police Department and pay the following fees:

1. Applicants must pre-enroll. Please see attached information sheet with instructions to enroll.
2. \$30.00 Payable by either: cash, money order, cashier's check or business check.  
Please make checks payable to Biometric Identification Services. Credit cards and personal checks are NOT accepted.

**FINGERPRINTING SCHEDULE:**

**MONDAYS 2:00PM – 6:00PM**

**WEDNESDAYS– 10:00 AM to 2:00 PM**

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST FIRST M.I. OF APPLICATION

HOME ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY/TOWN STATE ZIP CODE

HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ BUSINESS PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

LIST ANY OTHER PLACES OF RESIDENCE DURING THE PAST (5) YEARS

\_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY/TOWN STATE ZIP CODE

HOW LONG HAS BUSINESS BEEN IN EXISTENCE: \_\_\_\_\_

HAS YOUR BUSINESS BEEN CONDUCTED IN ANY OTHER NAME DURING THE PAST  
(7) SEVEN YEARS? ☐ YES ☐ NO

IF YES, WHAT WAS THE NAME OF THE BUSINESS? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY/TOWN STATE ZIP CODE

DESCRIBE IN DETAIL THE EXACT NATURE OF THE MESSAGE TO BE  
ADMINISTERED.

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LIST THE NAME & ADDRESS OF ANY PERSON(S) WHOM WILL BE EMPLOYED AT  
THIS BUSINESS AND THE LENGTH OF TIME WORKING FOR SUCH PERSON(S):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_  
(USE SEPARATE SHEET OF PAPER IF NECESSARY)

### APPLICANT'S PERSONAL INFORMATION

HAVE YOU USED ANY OTHER NAME(S) IN THE PAST? ☐ YES ☐ NO

IF YES, WHAT NAME(S)? \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
MM DD YYYY

HEIGHT: \_\_\_\_' \_\_\_\_" WEIGHT: \_\_\_\_ LB HAIR COLOR: \_\_\_\_ EYE COLOR: \_\_\_\_

SCARS, MARKS, TATTOO'S ☐ YES ☐ NO IN YES, \_\_\_\_\_  
LOCATION & DESCRIPTION

LOCATION & DESCRIPTION

SOCIAL SECURTY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIMINAL OR MOTOR VEHICLE  
OFFENSE? ☐ YES ☐ NO

IF THE ANSWER TO THE PREVIOUS QUESTIONS IS YES, THEN LIST ALL SUCH ARREST AND  
THE DISPOSITIONS BELOW: (USE A SEPARATE SHEET OF PAPER IF NEEDED)

OCCUPATION(S) DURING THE PAST YEAR: \_\_\_\_\_

PLACE OF EMPLOYMENT DURING THE PAST YEAR: \_\_\_\_\_

ADDRESS OF EMPLOYMENT DURING THE PAST YEAR: \_\_\_\_\_

LIST ANY OTHER TOWNS/CITIES WHERE YOU HAVE A VALID PERMIT TO CONDUCT  
SIMILAR BUSINESS: \_\_\_\_\_

CONNECTICUT STATE STATUE 53a-157 FALSE STATEMENT: CLASS A MISDEMEANOR

A PERSON IS GUILTY OF FALSE STATEMENT WHEN HE/SHE INTENTIONALLY MAKES A FALSE WRITTEN STATEMENT  
UNDER OATH OR PURSUANT TO A FORM BEARING NOTICE. AUTHORIZED BY LAW, TO EFFECT THAT FALSE STATEMENTS  
MADE THEREIN ARE PUNISHABLE, WHICH HE DOES NOT BELIEVE TO BE TRUE AND WHICH STATEMENT IS INTENDED TO  
MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL FUNCTION. FALSE STATEMENT IS A CLASS A  
MISDEMEANOR. THE PENALTY FOR A CLASS A MISDEMEANOR IS IMPRISONMENT FOR A TERM NOT TO EXCEED ONE YEAR,  
OR A FINE NOT TO EXCEED \$1,000.00 OR BOTH A FINE AND IMPRISONMENT. (SECTIONS 53A-28(b), 53a-36, and 53a-42)

I DECLARE, UNDER THE PENALTIES OF FALSE STATEMENT, THAT THE ANSWERS  
TO THE QUESTIONS CONTAINED IN THIS APPLICATIONS ARE TRUE AND CORRECT.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBSCRIBED TO AND SWORN TO BEFORE ME

THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

(FOR POLICE USE ONLY)

TYPE OF IDENTIFICATION \_\_\_\_\_ PHOTOGRAPHS SUBMITTED \_\_\_\_\_

FINGERPRINTED BY \_\_\_\_\_ DATE: \_\_\_\_\_ SENT TO STATE POLICE \_\_\_\_\_

FINGERPRINT CHECK RETURNED BY STATE POLICE \_\_\_\_\_ RESULTS \_\_\_\_\_

SPRC DONE (DATE) \_\_\_\_\_ HAMDEN POLICE SPECIAL INVESTIGATION CHECK DONE (DATE) \_\_\_\_\_

N.C.I.C. CHECK DONE (DATE) \_\_\_\_\_ OFFICER CONDUCTING INVESTIGATION \_\_\_\_\_

APPROVED BY \_\_\_\_\_ FOR THE HAMDEN DEPARTMENT OF POLICE  
SERVICE (CHIEF OF POLICE OR DESIGNEE)

APPROVED ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

FEE REQUIRED ☐ YES ☐ NO AMOUNT \$ \_\_\_\_\_ PAID ON (DATE) \_\_\_\_\_

Hamden Police Applicant Card \$25.00 fee (Cash or Check) Payable to "Biometric Identification Services" Fingerprinting: The State no longer accepts money orders or bank checks to accompany fingerprints. You MUST pre-enroll to be fingerprinted and pay online via credit card only. The website to enroll is <https://ct.flexcheck.us.idemia.io/cchrspreenroll/>The service code for Hamden PD massage establishment permit fingerprints is **F1A8-1763**. The fee is \$75.00. Once you are pre-enrolled to be fingerprinted you MUST bring a printed copy of the barcode/ tracking number with you. If the barcode /tracking number does not accompany the fingerprints we will NOT be able to accept the application. Please note that once you complete the pre-enrollment process and pay online there are NO refunds.