NAUGATUCK POLICE DEPARTMENT

211 Spring St., Naugatuck, CT 06770

MASSAGE THERAPY ESTABLISHMENT LICENSE APPLICATION INSTRUCTIONS

Before completing this application, review Borough of Naugatuck Ordinance #139, Chapter 12, Article VI, §§ 12-106–12-119. Complete the application and submit it IN PERSON to the Naugatuck Police Department. The person primarily responsible for operation of the establishment must execute the application. If the applicant is a partnership, LLC, corporation, or other legal entity, the required additional officer, member, partner, or shareholder must also execute the application. Required signatures must be notarized.

1. COMPLETE THE APPLICATION

a. **Applicant:** Enter the applicant's full legal name and all other names used during the preceding five years.

b. **Business:** Provide the actual business address, residential mailing address (no P.O. Box), business name, location, legal description, mailing address, and telephone number.

c. **Ownership / Management:** Identify the required officers, directors, partners, members, shareholders, and employees or agents primarily responsible for operation or management. Provide proof of age for each person listed.

d. **Required Disclosures:** Answer all questions concerning prior massage establishments, specified criminal activity, qualifying residence relationships, and other matters required by §12-109(b).

2. ATTACH ALL REQUIRED DOCUMENTS

• Provide a copy of proof of legal residency (i.e. U.S. birth certificate, U.S. passport or passport card, Permanent Resident Card or other documentation establishing a lawful presence);

• Provide a copy of business formation documents (i.e. certificate of incorporation or articles of organization) and Connecticut authorization to do business, when applicable;

• Lease and written consent of the property owner or authorized agent, if the applicant is a leaseholder;

• Proof of a $15,000 surety bond in the form required by Ordinance #139.

• Current Connecticut massage therapy license and a color 2" × 2" photograph for every person providing massage therapy;

• Required personal information and disclosures for each applicable massage therapist/employee; and

• Written background-check and fingerprinting consent signed by the applicant and each employee providing massage therapy.

3. FINGERPRINTS / CRIMINAL HISTORY CHECK

Each person listed on this application is required to complete a fingerprint/background consent form (refer to attached documents). Each person must complete the fingerprinting process through a law enforcement agency as part of the application process.

a. **Complete the consent form:** Sign the written consent authorizing the Naugatuck Police Department or its contracted service provider to conduct a criminal background check and take fingerprints.

b. Complete the "Pre-Enrollment" registration for fingerprints on the State website and bring your **PRINTED** "Applicant Tracking Number" with you when having your fingerprints taken. Your "Applicant Tracking Number" can be obtained by following the directions on the "CT Criminal History Request System Fingerprint Service Code Form" contained within this packet. A user manual for completing pre-enrollment is also contained at the end of this packet if you experience any difficulties with this step or you can contact CT State Police Bureau of Identification at (860) 685-8480.

c. Fingerprints will be taken by Biometric Identification Services on the 2nd and 4th Tuesday of each month from 3:00 p.m. to 6:00 p.m. in the Naugatuck Police Department front lobby on a first come basis. The fee for fingerprints is $30.00 payable to Biometric Identification Services. Fingerprints must be paid by cash, bank check,

money order or business check at the time of fingerprinting. Credit cards and personal checks **WILL NOT** be accepted.

4. FEES & FILING

$50.00 REGULATORY FEE — The massage application packet must include a **bank check or money order** for $50.00 payable to “Borough of Naugatuck.” This fee is separate from the fingerprint fee.

5. STEPS TO COMPLETING THIS APPLICATION

1. Print and complete the Naugatuck Police Department’s Massage Therapy Establishment License Application.
2. Complete the Naugatuck Valley Health Department’s (NVHD) application process. A representative from NVHD must sign Section 5 of this application.
3. Complete the Borough of Naugatuck’s Zoning Department requirements. A representative from the zoning department must sign Section 5 of this application.
4. Complete the Borough of Naugatuck’s Building Department application. A representative from the building department must sign Section 5 of this application.
5. Each employee listed on this application must complete an FBI Privacy Act Statement and the Noncriminal Justice Applicant’s Privacy Rights (attached to this application) for a background check and fingerprinting.
6. Once completed, this application shall be notarized.
7. Submit the notarized application to the Naugatuck Police Department Records Division. Their hours are Monday thru Friday 8 am to 4 pm.

6. BEFORE YOU SUBMIT — FINAL CHECK

☐ Application completed clearly in blue or black ink or typed.

☐ All required signatures completed and notarized.

☐ Identification, affidavits, and entity documents attached.

☐ Lease/property-owner consent attached, if applicable.

☐ $15,000 surety bond attached.

☐ State massage licenses and required photographs attached.

☐ Background-check/fingerprinting consents attached.

☐ $50.00 regulatory fee included.

☐ Fingerprinting process completed or arranged through the Police Department.

IMPORTANT: An incomplete or inaccurate application may delay processing or provide grounds for denial. Changes that make information originally submitted false or incomplete must be reported in writing to the Chief of Police within 15 days. Licenses are valid for one year from issuance. Each subsequent application is treated as an initial application. Applications filed later than 60 days before expiration are subject to a 10% late fee.

Authority: Borough of Naugatuck Ordinance #139 — Chapter 12, Article VI, §§ 12-106–12-119

BOROUGH OF NAUGATUCK

MASSAGE THERAPY ESTABLISHMENT LICENSE APPLICATION

Ordinance #139 — Chapter 12, Article VI, §§ 12-106–12-119

FOR POLICE DEPARTMENT USE: ☐ Initial Application ☐ Annual Renewal

Applications shall be filed in person with the Naugatuck Police Department. This form is a condensed administrative application and does not replace the requirements of Ordinance #139. Please complete this form in blue or black ink.

1. APPLICANT / BUSINESS INFORMATION

Applicant / Legal Name	
Other Names Used in Last 5 Years	
Business / Establishment Name	
Business Address	
Mailing Address (no P.O. Box)	
Business Telephone	**Email:**
Premises Status	☐ Owner ☐ Leaseholder ☐ Other:
Lease Term / Expiration (if applicable)	

2. ENTITY / RESPONSIBLE PERSONS

Check one: ☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Other: _____

Name	Role / Title	DOB	Ownership %

Attach additional sheet if necessary. For non-sole proprietors, list officers, directors, partners/members/shareholders as required by §12-109(b)(6), plus persons primarily responsible for operation/management.

3. REQUIRED DISCLOSURES

☐ I/We have disclosed any massage establishment, within the preceding 5 years, that I/we owned, managed, directed, or held an ownership interest in that was declared a nuisance or had its license suspended/revoked.

☐ I/We have disclosed any conviction, guilty plea, or nolo contendere plea within the applicable period for a “Specified Criminal Activity” under §12-107.

☐ I/We have disclosed any applicable residence-with-owner/manager relationship described in §12-109(b)(9).

☐ If a legal entity, certificate of incorporation/articles of organization and Connecticut authorization to do business are attached, as applicable.

☐ If a legal entity, registered-agent statement required by §12-109(b)(11) is attached.

4. MASSAGE THERAPISTS / EMPLOYEES

Attach a separate employee/therapist roster if more space is needed. Each person providing massage therapy must have a current Connecticut license under C.G.S. §20-206a et seq. Attach a copy of driver's license, a copy of CT Massage Therapist license, and a 2" x 2" color photograph for each person listed below.

Name	Home Address	DOB	CT License No.

5. APPLICANT CERTIFICATION & AUTHORIZATION

I/We certify under penalty of law that the information provided in this application and all attachments is true, complete and accurate. I/We acknowledge that this application is subject to Ordinance #139 and all applicable state, health, zoning, building and life-safety requirements. I/We have read and agree to comply with the ordinance, including the requirement to promptly supplement information when circumstances change. I/We authorize the Naugatuck Police Department or its contracted service provider to conduct criminal background checks and obtain fingerprints as authorized by the ordinance.

Responsible Applicant — Printed Name	**Signature**
Date: Title:	Date:

Responsible Applicant — Printed Name	**Signature**
Date: Title:	Date:

6. MUNICIPAL / DEPARTMENT REVIEW & SIGN-OFF

The following reviews are intended to document the interdepartmental review contemplated by §12-109(d). A department sign-off indicates completion of that department's review within its jurisdiction; it does not itself constitute issuance of the massage establishment license.

Department / Official	Review	Status / Conditions	Signature / Date
Naugatuck Valley Health District Director of Health / Designee	☐ Approved ☐ Pending ☐ Not Approved		

Zoning Enforcement Officer	☐ Compliant ☐ Pending ☐ Not Compliant		
Building Official	☐ Compliant ☐ Pending ☐ Not Compliant		
Police Department Background / Ordinance Review	☐ Complete ☐ Pending ☐ Deficient		

I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See C.G.S. § 53a-157b). I further understand that any statement in this application that is determined to be false or inaccurate shall constitute grounds for the denial of such application. If approved before the facts are known, such approval shall be void if based on a false or inaccurate statement. My signature below attests to the accuracy, completeness and to the truth of all information supplied on this application:

I declare, under the penalties of false statement, that the answers to the above are true and correct.

Date: _____ Signed: _____

STATE OF _____

Print Name: _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of 20_____

_____

Name:
Notary Public
My Commission Expires:
Commissioner of Superior Court

DO NOT WRITE BELOW THIS LINE. SECTION 7 WILL BE COMPLETED BY THE NAUGATUCK POLICE DEPARTMENT.

7. POLICE DEPARTMENT FINAL ACTION

Application Received	Date: _____ By: _____
Background Investigation	☐ Complete ☐ Pending ☐ Additional information required
Regulatory Fee	☐ Paid ☐ Pending Amount: $_____
Final Action	☐ License Issued ☐ Notice of Intent to Deny

License No. / Effective Date	_____/ _____
Chief of Police / Designee	Signature: Date:

License term: one year from date of issuance. See §12-110. This application and all supporting materials are subject to the confidentiality and disclosure provisions of §12-109(c).

Requesting Entity: Naugatuck Police Department

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Note: This privacy act statement is located on the back of the FD-258 fingerprint card.

SIGNATURE	DATE

This document must be retained by the Entity.

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: Naugatuck Police Department

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. **All notices must be provided to you in writing.** [1] These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

• You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. [2]
• You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
• You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
• If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
• If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.
• If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
• You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]

Updated 11/6/2019

If you need additional information or assistance, please contact:

Connecticut Records:	**Out-of-State Records:**
Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) **1111 Country Club Road** **Middletown, CT 06457** **860-685-8480**	**Agency of Record** **OR** **FBI CJIS Division-Summary Request** **1000 Custer Hollow Road** **Clarksburg, West Virginia 26306**

SIGNATURE	**DATE**

This document must be retained by the Entity.

[1] **Written notification includes electronic notification, but excludes oral notification.**
[2] **See https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement**
[3] **See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).**

Connecticut Criminal History Request System
Fingerprint Service Code Form

Service Name: Town Massage Establishment Employee Permit

To register for your fingerprints to be taken, please visit https://ct.flexcheck.us.idemia.io/cchrspreenroll and enter the following Service Code:

A6B3-3475

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

looks Correct" option.

- Complete the Pre-Enrollment information as completely as possible. All fields in bold font/blue highlight are mandatory to move forward with the process. After filling out all applicable fields, move to the next section by selecting the "Submit Pre-Enrollment" button at the bottom of the screen. Please reference the Pre-Enrollment User Manual for further details.

- After completing the pre-enrollment steps, a confirmation screen will appear confirming registration is complete, including your Applicant Tracking Number. This confirmation will also be sent to the e-mail address you provided during registration. The Tracking Number will need to be printed and turned in with your permit application along with fingerprint card.

*** The Naugatuck Police Department **CANNOT** accept permit application submissions without your printed Applicant Tracking Number as exampled below.***


Connecticut Criminal History Request System

PreEnrollment

Print

SUCCESS. Your Pre-Enrollment has been submitted.

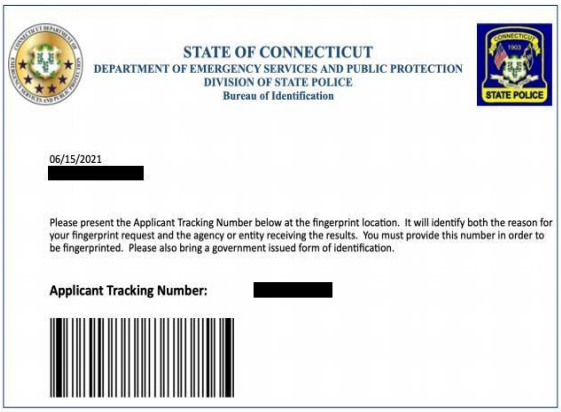
You will receive an email from the CCHRS system that provides you with your Applicant Tracking Number below. You will need this information at the time fingerprints are taken.

NOTE: Results (PDF Documents) may not be viewable on all devices. For best results, use a desktop or laptop.

Applicant Tracking Number: 21T0001085

BEAR, TEDDY RAWR
DOB: 12/25/1950

It is required to have the applicant tracking number (above) at the time of fingerprinting.


STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Bureau of Identification

06/15/2021 [redacted]

Please present the Applicant Tracking Number below at the fingerprint location. It will identify both the reason for your fingerprint request and the agency or entity receiving the results. You must provide this number in order to be fingerprinted. Please also bring a government issued form of identification.

Applicant Tracking Number: [redacted]

User Manual

PreEnrollment for Fingerprint-based Criminal History Check

CCHRS Web Portal

Connecticut Criminal History Records Search

PREPARED BY
TAILORED SOLUTIONS CORPORATION
WWW.FORSE.COM

Version 1.0, printed 6/15/21 6:32:00 PM

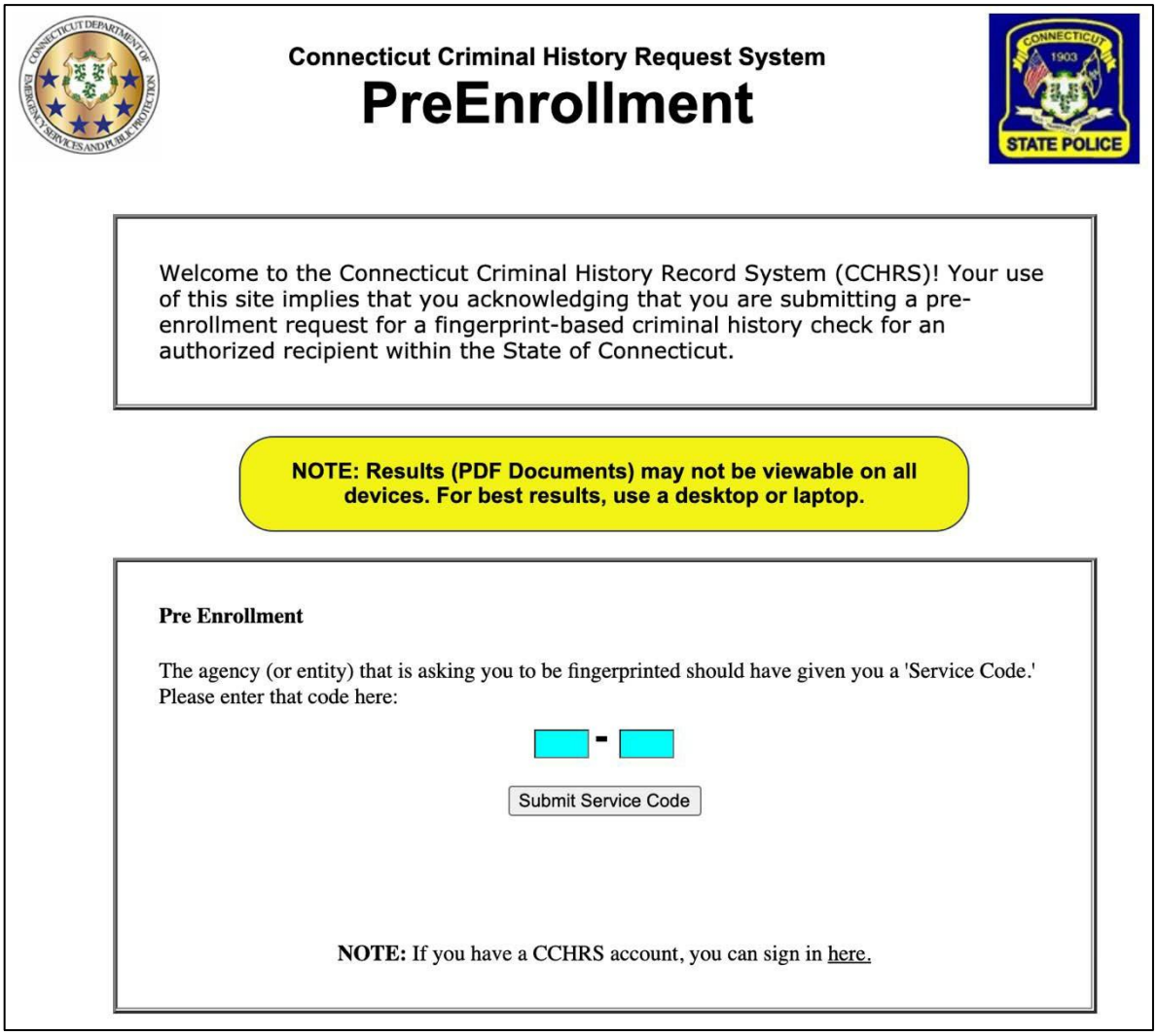
Introduction

This document provides information for users of the CCHRS Web Portal who want to be pre-enrolled for a fingerprint-based background check.

The Connecticut Criminal History Records Search (CCHRS) provides the public, authorized agencies, and authorized users with access to fingerprint-based and name-based background checks.

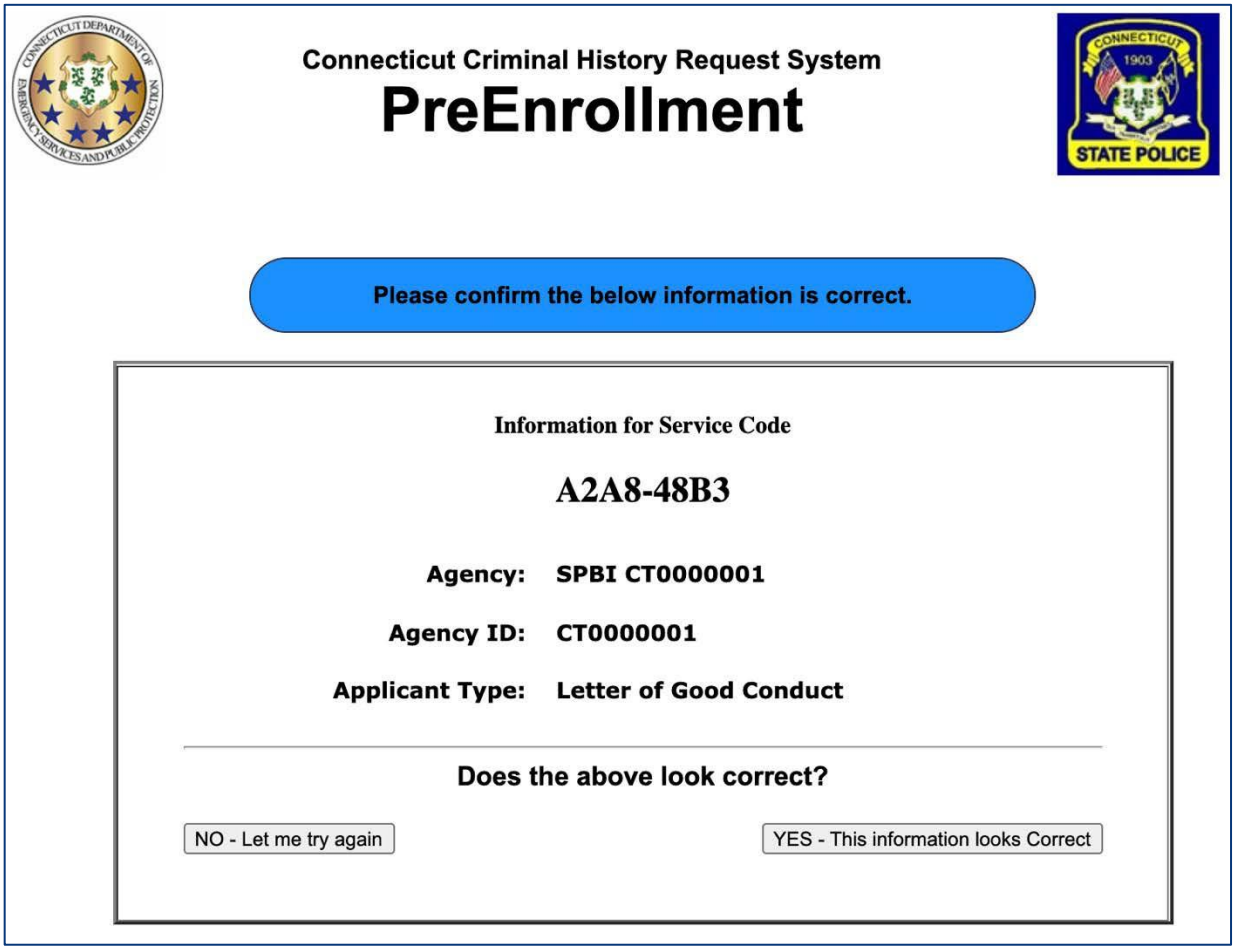
Getting Started

Go to https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll



Enter your two-part code into the Service Code boxes, then Click “Submit Service Code.” This code should have been provided to you by the entity or agency that is asking you to be fingerprinted.

You’ll see a confirmation screen.



Click the “NO – Let me try again” button if you’ve made a mistake entering the code. Click the “YES – This information looks Correct” button if you’ve entered the correct code and want to continue.

Entering Your Information

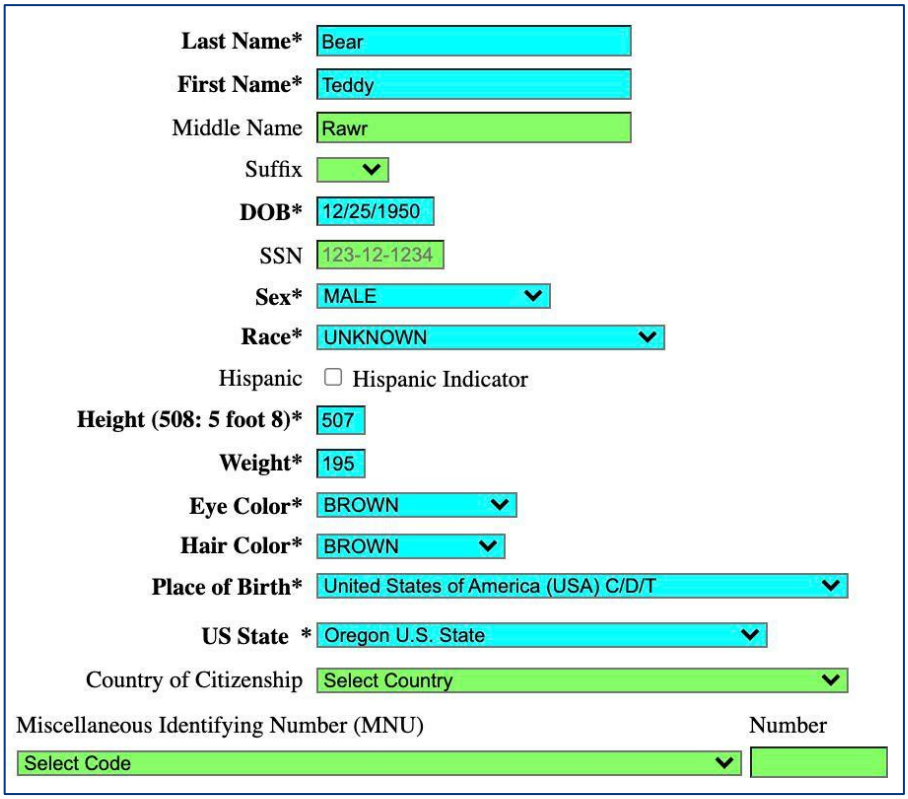
You'll enter your contact information and some demographic information on this form, then click the Submit button to submit the information. All mandatory fields are blue and have bolded headings with an asterisk (*).

When you finish filling out all the mandatory fields and any optional areas, click the button in the bottom right of the screen.

The following sections of this document will briefly describe areas of the form.

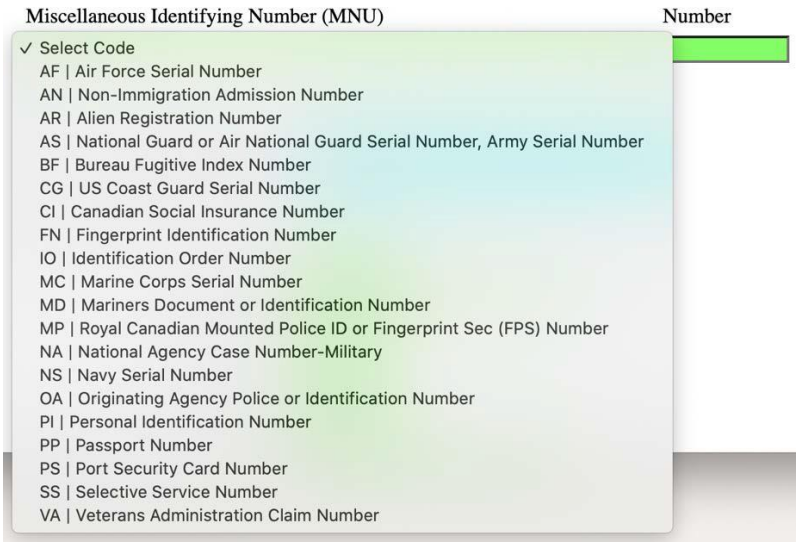
Name and Demographic Info

Enter your name and demographic information in the first few fields. Most of these fields are required. Certain selections under Place of Birth will cause an additional field to appear (for example US States or Canadian Provinces) and that field is also mandatory.



Your country of citizenship is an optional field; select your response from the drop-down menu.

For Miscellaneous Identifying Number, pick a type of number from the drop down, then type the number in the Number field.



Email

These two fields are mandatory.

Make sure you enter your email address correctly and then type it exactly the same in the Email Confirmation field. This email address will be used to provide you with information about your fingerprint background check, including information regarding a successful pre-enrollment that you will need to provide at the fingerprint session.

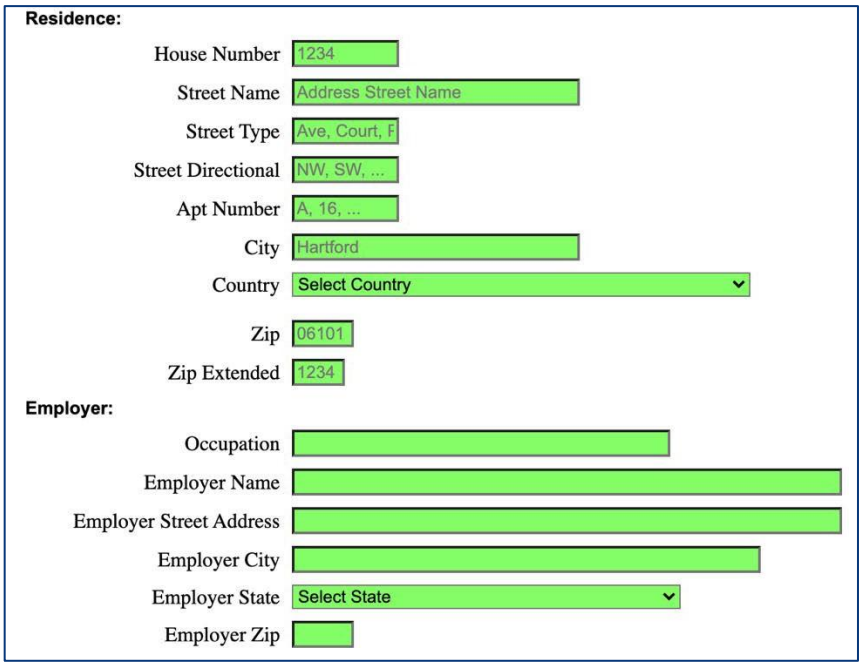
Letter of Good Conduct

If the service code you entered indicates you are applying for a Letter of Good Conduct then this section will be visible; it won't be seen by those not applying for the Letter. These fields are mandatory if you are applying for a Letter.

Select a reason for your Letter from the drop down, and then select what country the Letter is for.

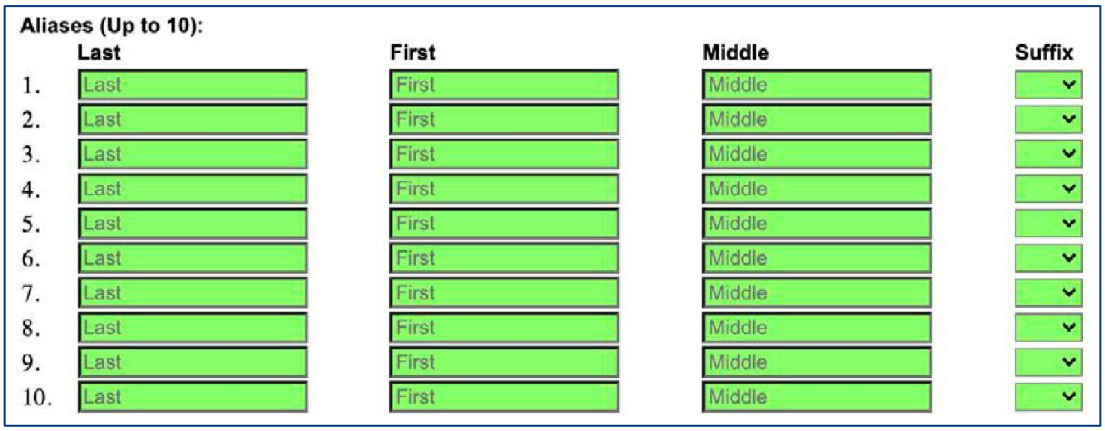
Residence and Employer Information

The fields in these two sections are optional. Certain selections under Country will cause an additional field to appear (for example US States or Canadian Provinces).



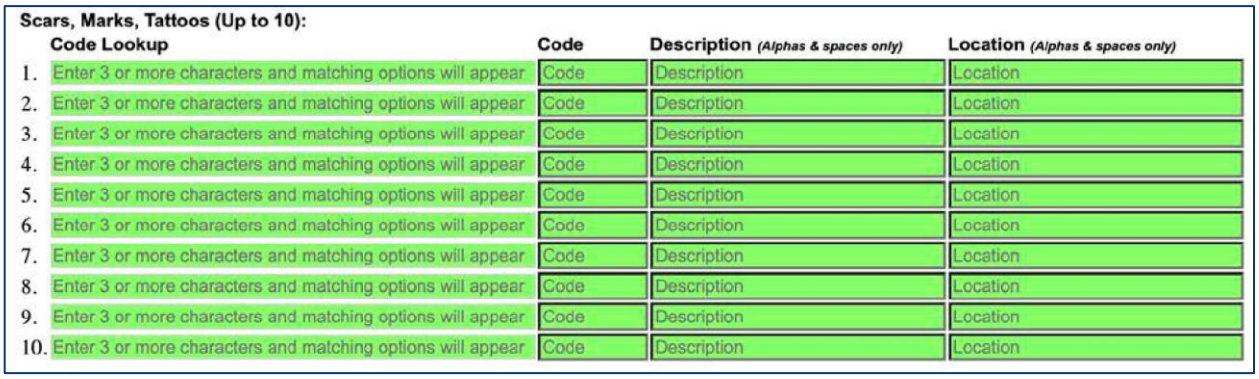
Aliases

You can also optionally add any known aliases, such as your maiden name if your married name is different.

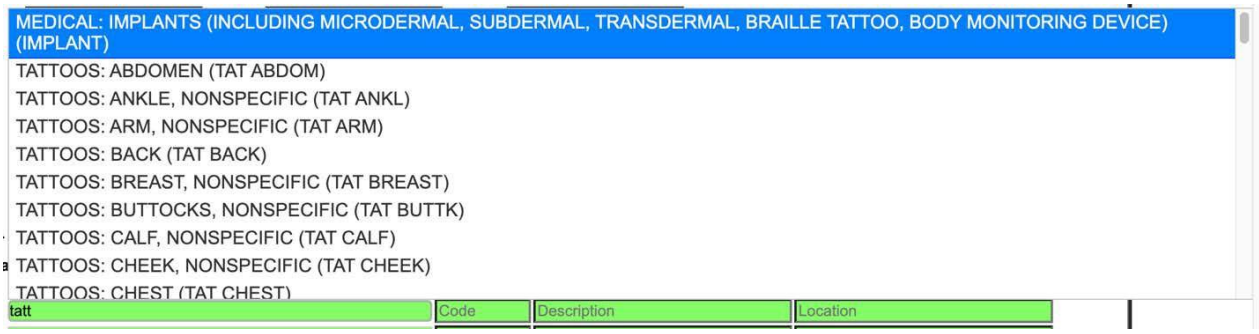


Scars, Marks, and Tattoos

If you have any identifiable scars, marks, or tattoos you use this section to optionally document them.



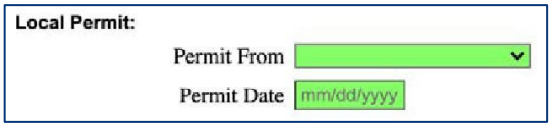
Click into the first field and begin typing a description of the item you are documenting, such as “tatt” for a tattoo. A popup will appear with suggestions. You can scroll through the suggested options to find the best match.



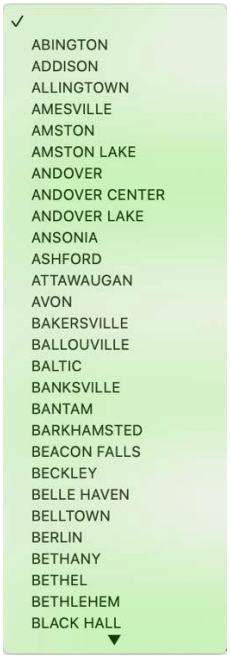
The Code field will be automatically filled in based on what you select for Code Lookup. Use the Description and Location fields to give more information on the item.

Local Permit

If you have received a local permit and know the number, you can use these options to enter that information.

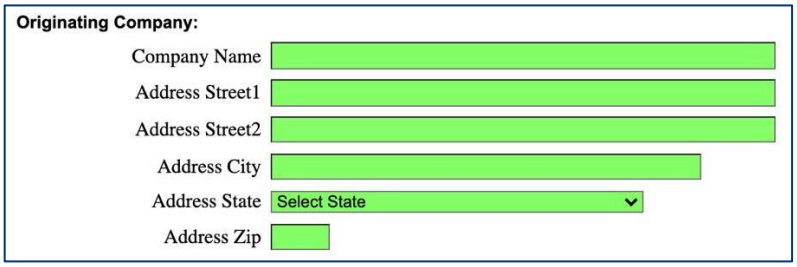


For Permit From, pick a county from the drop down, then type the permit date in the date field.



Originating Company

You can optionally add information on the company that originated the background check request.

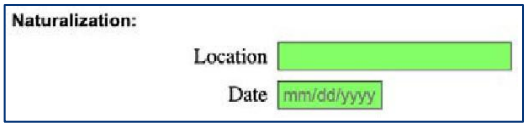


Emergency Contact Information

If you want to add an emergency contact, use the following sections to include their name and address information.

Naturalization

If you are a naturalized citizen, you can use the following fields to enter that information. Type the location and the date it occurred.



Previous Conviction

If you've been convicted of a previous offense in the State of Connecticut, please enter information in this section.

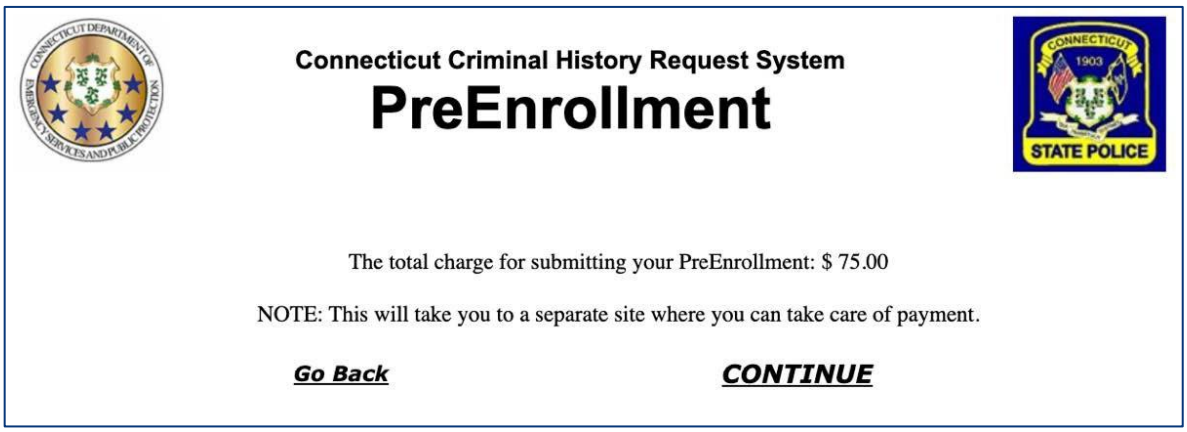
Select Yes, No, or Unknown from the Ever Convicted drop down, then enter the conviction date. Select the county and court from the next two drop downs, and type the offense in the final field.

Submitting Your Information

When you click the Submit button you'll see a confirmation screen.

- If your type of PreEnrollment **does not require** you to pay a fee, or is invoiced, please turn to Final Confirmation & Transaction Number on page 12 to see your confirmation screen.

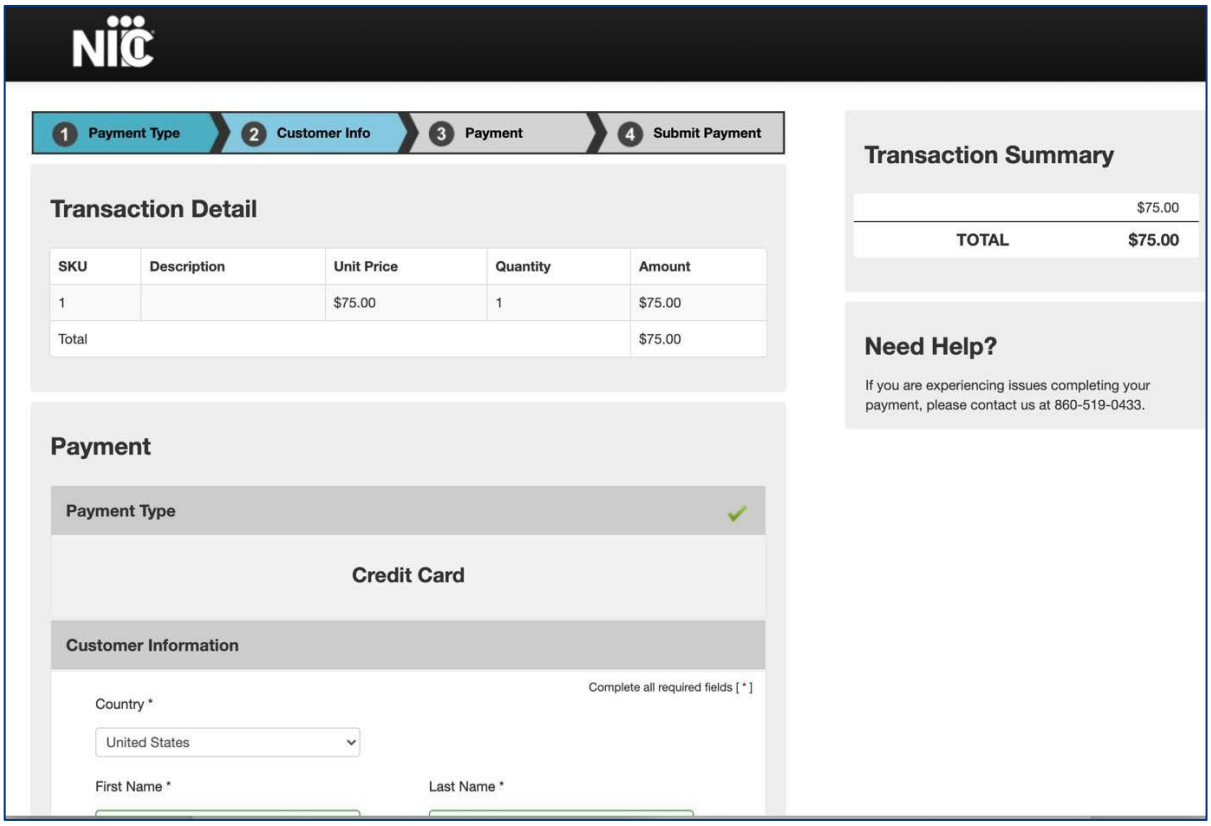
- If your type of PreEnrollment **requires** you to pay a fee you'll see a confirmation screen like the one shown below that shows the total amount due.



Click the CONTINUE link to go to the external payment processor, or click the Go Back link to make any changes to your PreEnrollment.

Payment

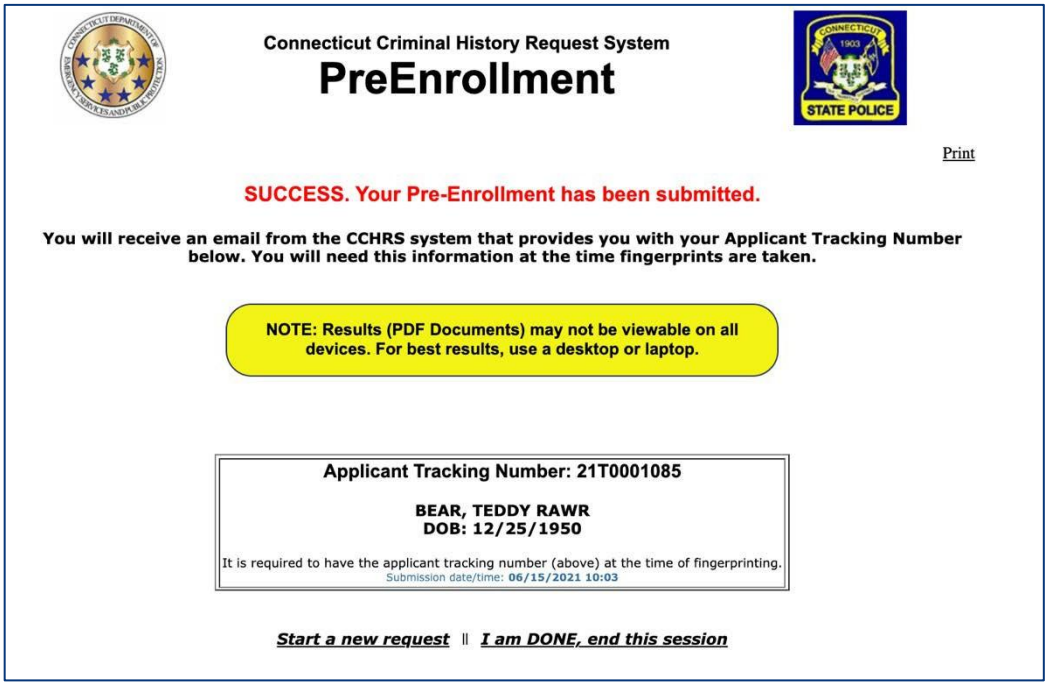
CCHRS uses an external payment processor to take payment. You'll need your credit card information handy to enter it on the screen. The processing screen has fields for entering your name and address information as well as for the credit card number and expiration date.



Fill out the screen completely and hit submit.

Final Confirmation & Transaction Number

If your information was submitted successfully you'll see the word "SUCCESS" in red near the top of the screen.


Connecticut Criminal History Request System

PreEnrollment

STATE POLICE

Print

SUCCESS. Your Pre-Enrollment has been submitted.

You will receive an email from the CCHRS system that provides you with your Applicant Tracking Number below. You will need this information at the time fingerprints are taken.

NOTE: Results (PDF Documents) may not be viewable on all devices. For best results, use a desktop or laptop.

Applicant Tracking Number: 21T0001085

BEAR, TEDDY RAWR
DOB: 12/25/1950

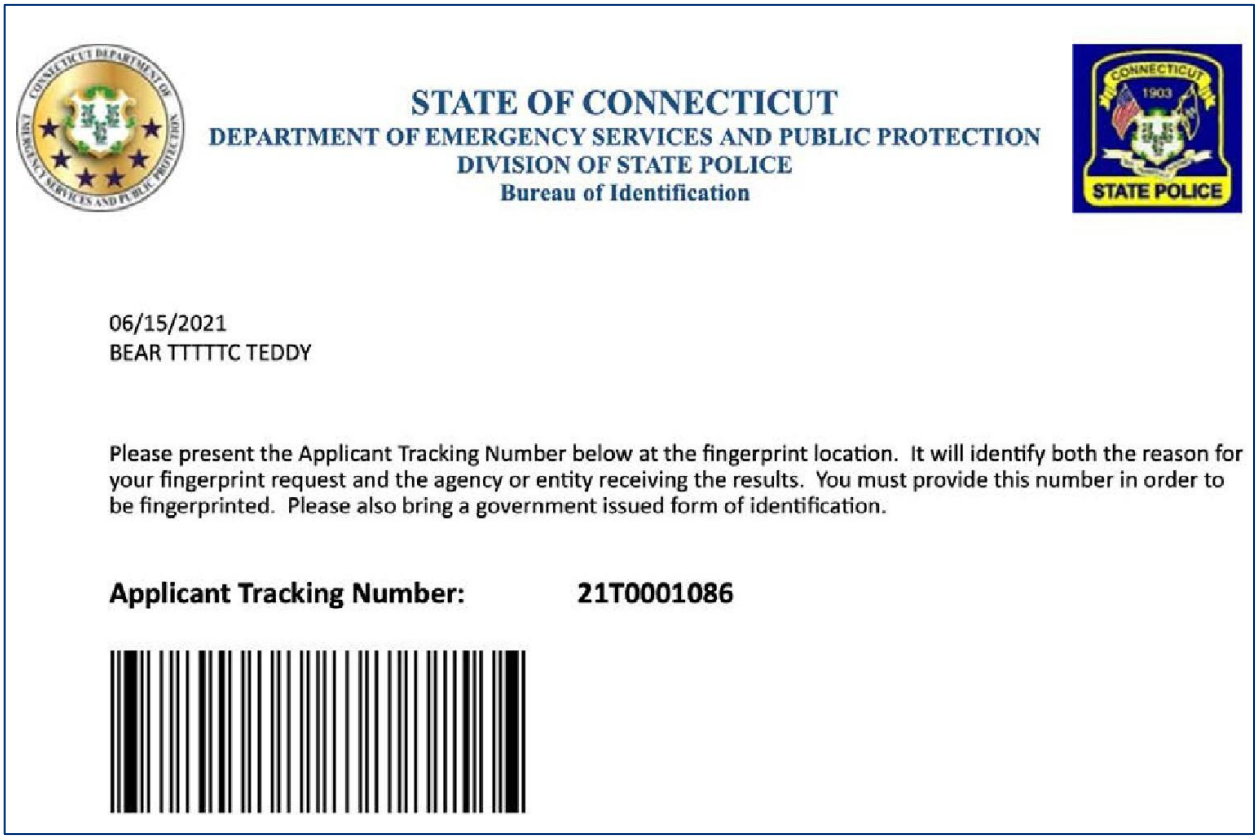
It is required to have the applicant tracking number (above) at the time of fingerprinting.
Submission date/time: 06/15/2021 10:03

Start a new request || *I am DONE, end this session*

If you need to enter an additional subject for PreEnrollment, click "Start a new request" at the bottom of the screen to go back to the screen where you enter the Service Code. If you are done entering subjects, click the "I am DONE, end this session" link.

PreEnrollment Email

An email will be sent to the address you entered on the form containing your tracking number and a bar code for the fingerprint location.



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Bureau of Identification

06/15/2021
BEAR TTTTTC TEDDY

Please present the Applicant Tracking Number below at the fingerprint location. It will identify both the reason for your fingerprint request and the agency or entity receiving the results. You must provide this number in order to be fingerprinted. Please also bring a government issued form of identification.

Applicant Tracking Number: **21T0001086**

You need to print off the email to take with you to the fingerprint location.