

## TOWN OF COLONIE OFFICE OF THE CHIEF OF POLICE

312 WOLF ROAD LATHAM, NEW YORK 12110 (518) 783-2744 www.colonie.org/departments/police



## MASSAGE PERMIT EXEMPTION REQUEST

Applicant Last Name:	First Name:	M.I.:
Home Address:		
Phone Number: (H)	(Cell)	
Email:	D.O.B	
I certify that I am licensed under A	rticle 155 of the New York State Education La	aw, and I am legally permitted
to use the titles "masseur," "masseuse," and	d/or "massage therapist." As such, I request ex	emption from the provisions
of Colonie Town Code, Article 127. A copy	y of my currently valid license from the Educa	tion Department is attached,
as well as a copy of my currently valid Nev	v York State and/or United States photo identi	fication.
Notice: False statements made herein are Penal Law.	punishable as a class A misdemeanor pursu	ant to section 210.45 of the
Applicant Signature:		
Please Print Name:		Date:
Return to: Town of Colonie Police Departn	nent - 312 Wolf Road - Latham, N.Y. 12110 – 2	Attn. Massage Permit
Office Use Only		
Request Approved / Denied By:	I	Date: