**MASSAGE SERVICES**

Additional Information Checklist

|  |  |
| --- | --- |
| ***PROPOSAL*** |  |
| ***ADDRESS*** |  |

|  |  |
| --- | --- |
| ***ADDITIONAL INFORMATION REQUIRED*** | ***Y/N***  ***Any other comment*** |
| Number of staff proposed (including consultants, administration staff and any other staff) provided? |  |
| Predicted number of clients provided? |  |
| Proposed hours of operation provided? |  |
| Details on each massage room, including the inclusion of showers if applicable? |  |
| Details on staff rooms, and any other communal areas provided? |  |
| Full details on qualifications held by massage practitioners provided? |  |
| Any other information relevant to the business provided? |  |