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STATE OF DELAWARE
BOARD OF MASSAGE AND BODYWORK

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MESSAGE ESTABLISHMENT REQUEST FOR WAIVER OR VARIANCE OF REGULATION

INSTRUCTIONS

When to File This Form

The sole purpose of this form is to ask the Board to waive **one** of the regulatory requirements from Section 12.0 of the Rules and Regulations. **It is not a waiver for licensure.**

You may submit this form either **with** your Massage Establishment application or **after** receipt of your Establishment license.

Requirements for All Requesters

Complete this form if you own or manage a Massage Establishment **and** are requesting a waiver or a variance of a licensure requirement.

Note: See Section 12.1 for what is or is not a Massage Establishment

Apply online in DELPROS for a *Massage Establishment License*.

Mail this completed and notarized form to the Board Office at the above address.

Rules and Regulations – Section 12.0

The Board:

- can partially or entirely excuse an establishment from a requirement in a rule when there is proof that complying with a requirement would cause extreme and undue hardship.
- is not permitted to waive or alter any requirement in the law,
- may vary any Section 12.0 requirement is applied as long as the requestor demonstrates that the intent of the requirement is being met in an alternative manner.
- may modify, suspend or revoke a waiver or variance.

The Waiver or Variance:

- must not jeopardize public health, safety and welfare.
- may be temporary or permanent.
- is not transferable to another licensee or another location.

You may request waiver/variance of only one requirement per form. If you wish to request waiver/variance of more than requirement, submit a separate form for each request.

The Board Office will notify you if a waiver or variance is modified, approved or denied.

If you need more space for your answers, you may give the information on a separate sheet.

CONTACT AND IDENTIFYING INFORMATION

1. Requester Name: _____ Title: _____
2. Business Name: _____
3. Location Address: _____
Street (no PO Box)

City State Zip Code
4. Phone: _____ Fax: _____ Email _____
5. Does this business have a current Delaware Massage Establishment License? Yes No If yes, enter your license number MZ-_____.
6. Does this business have any other professional license, such as a Cosmetology/Barbering Establishment license? Yes No If yes, enter your license number _____.

INFORMATION ABOUT REQUIREMENTS FOR WHICH WAIVER/VARIANCE REQUESTED

7. Check **one** requirement that you are asking the board to waive or modify. If you need to request a waiver/variance of more than one requirement, submit a separate form for each.

Professional-In-Charge (Section 12.4)

- A licensee may serve as professional in charge for only one establishment at any given time (12.4.3).
- The establishment shall notify the Board of any change in the professional-in-charge within 10 business days of such change (12.4.7).

Hours of Operation (Section 12.5)

- Massage services may be provided at a massage establishment only between the hour of 7:00 am and 9:00 pm, except that a massage commenced prior to 9:00 pm may be completed. (12.5.1)
- No massage establishment shall be open and no massage services shall be provided between 9:00 pm and 7:00 am (12.5.1).

Operation Requirements (Section 12.6)

- Sign (12.6.1)
- Display of License (12.6.2)
- Presence of Licensee (12.6.3)
- Dormitory Prohibited (12.6.4)
- Records (12.6.5)
- Attire (12.6.6)

Doors (Section 12.6)

- Restroom doors (12.6.7.1)
- External doors (12.6.7.2)
- Internal doors (12.6.7.3)
- If the establishment is in a residence, the door between the establishment and residence may be locked. (12.6.7.4)

Windows (Section 12.6)

- Establishments with exterior windows facing a public street, highway, walk way or parking area may not block visibility into the interior reception and waiting area in any way.

Advertising (Section 12.8)

Contents of advertising must include name, address, phone number, and license number of massage establishment. (12.8.1)

8. Explain in detail what you want waived and why.

9. Explain in detail why the Board should grant your waiver request.

10. Check whether you are requesting a permanent or temporary waiver.

- Permanent – skip to question 12
- Temporary – continue to next question

11. If temporary, what is the specific time period that you need the waiver for? _____

12. Did you previously contact the Board or Board office about this waiver request? Yes No If yes, explain the history of the contact and the result.

13. Could granting this waiver negatively affect any person or entity? Yes No If yes, list the name and contact information for each person/entity and what the negative effect may be.

14. Could granting this waiver positively affect any person or entity? Yes No If yes, list the name and contact information for each person/entity and what the positive effect may be.

AFFIDAVIT

I certify that the information I provide in this waiver request is true to the best of my knowledge and belief and is made for the specific purpose of obtaining a waiver. I am aware that intentionally submitting false information may result in denial of the waiver and referral to the Attorney General's office for appropriate action.

Applicant Signature: _____ Date: _____

State of _____ County or City _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this waiver that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this day of _____, 2_____

SEAL

Signature of Notary Public: _____

My Commission expires: _____

MAIL THIS FORM DIRECTLY TO THE BOARD OFFICE.