



BUSINESS LICENSE AFFIDAVIT

**CITY OF MYRTLE BEACH, P O BOX 2468, MYRTLE BEACH, SC 29578
PHONE (843) 918-1200 FAX (843) 918-1210**

This is to certify that I, (printed name) _____, being a responsible agent
for (business name) _____, do certify that I have received and
read a copy of the City of Myrtle Beach's

- **Massage Therapy Rules of Operation**

I understand that it is unlawful to place any form of advertisement or solicitation for business in or on a
mailbox receptacle. I agree not to place such solicitation or advertisement on a mailbox receptacle.

PRINTED NAME

DATE

SIGNATURE



Massage Therapy Rules of Operation

If the business is offering therapeutic massage, the following conditions are applicable:

- 1. All massage therapists shall be licensed by the State of SC; and**
- 2. Hours of operation (massage services) are limited to 7:00 a.m. to 10:00 p.m.**

If therapeutic massage is to be an accessory use to a gym facility, gross proceeds from the massage services cannot exceed 40% of the total gross revenues. Separate records should be maintained and are subject to audit in order to determine compliance. In addition, floor space utilized for massage services cannot exceed 40% of the available floor space in the business.