

Application for Massage License

Any business wishing to open a massage establishment must provide the application fee of \$50, complete this application and provide all necessary supplemental documents and information.

Applicant's Name: _____ Year Business Est. _____

Type of Business Ownership: *Individual* *Partnership* *LLC* *Corporation*
(Provide business incorporation/state registration details)

Name of the Business: _____

Name of Business's Authorized Agent: _____

Business Address: _____ Business phone number: _____

If business is owned by an individual, provide the following information:

Full Name: _____

Address: _____
Street City Zip State

Date of Birth: _____ Gender: _____

Description: _____
Height Weight Hair Color Eye Color Ethnicity

Copy of State Issued ID provided

Previous Employment for the past 3 years: _____

If business is owned by partnership, LLC or corporation, complete page 2.

Have you made an application for massage license or similar in the United States before?

No *Yes* If yes, provide location: _____

Have you ever had a massage license or similar suspended or revoked?

No *Yes* If yes, why: _____

Have you ever pled guilty or been found guilty of any provision of this article or other municipality's ordinance which regulates massage?

No *Yes* If yes, provide a list of all offenses: _____

For any employees directly involved in scheduling or managing massager therapists complete page 3.

Complete page 4 for all licensed massage therapists working at the business.

Description information for all members of a Partnership, LLC or Corporation

Full Name: _____
Address: _____
Street City Zip State
Date of Birth: _____ Gender: _____
Description: _____
Height Weight Hair Color Eye Color Ethnicity

Copy of State Issued ID provided

Full Name: _____
Address: _____
Street City Zip State
Date of Birth: _____ Gender: _____
Description: _____
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Full Name: _____
Address: _____
Street City Zip State
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Full Name: _____
Address: _____
Street City Zip State
Date of Birth: _____ Gender: _____
Description: _____
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Description information for all employees directly involved in the scheduling and management of any massage therapists at the location.

Full Name: _____
Address: _____
Street City Zip State
Date of Birth: _____ Gender: _____
Description: _____
Height Weight Hair Color Eye Color Ethnicity

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Full Name: _____
Address: _____
Street City Zip State
Date of Birth: _____ Gender: _____
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Description: _____
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Full Name: _____
Address: _____
Street City Zip State
Date of Birth: _____ Gender: _____
Description: _____
Height Weight Hair Color Eye Color Ethnicity

Description information for all licensed massage therapists on the premises.

Full Name:

Address:

Street City Zip State

Date of Birth:

Gender:

Description:

Height Weight Hair Color Eye Color Ethnicity

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Full Name:

Address:

Street City Zip State

Date of Birth:

Gender:

Description:

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