

Customer Number

**MASSAGE THERAPY LICENSE APPLICATION
(Sec. 26-86 – 26-96)**

- | |
|---------------------------------------|
| 2x2 Headshot Photo |
| Fingerprints |
| Birth Certificate |
| Drivers License |
| Massage Certificate |
| No Communicable
Disease/Proof Doc. |

Expires yearly 12/31
Fee \$50.00 per year

CONFIDENTIAL

Name of Applicant: _____ DOB: _____

Home Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

2 addresses prior to above address: _____

Employment prior 3 years: _____

Name of Business: _____

Business Address: _____

Business Phone: _____

Description of service provided: _____

Are you a U.S. Citizen? Yes _____ No _____

If "No" What country are you from? _____

Have you Every Been Convicted of a Felony? Yes _____ No _____

Misdemeanor? Yes _____ No _____

If Yes on Either Question Briefly State Reason (s): _____

I affirm that the above information is true and complete to the best of my knowledge and belief.

Signature of Applicant

Date