## 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	e:		Year Business Est			
Type of Business (Provide business inc	Ownership:	Individual registration details)	Partnership		Corporation	
Name of the Busi	ness:					
Name of Business	s's Authorized	l Agent:				
Business Address	:		Busine	ess phone numbe	er:	
If business is own	ed by an indiv	vidual, provide tl	he following infor	mation:		
Full Name:						
Address:						
-	Street		City	Z	Zip State	
Date of Birth:			Gender:			
Description:			<del></del>			
•	Height	Weight	Hair Color	Eye Color	Ethnicity	
Copy of State	e Issued ID p	provided				
Previous Employ	ment for the p	ast 3 years:				
If business is own	ed by partners	ship, LLC or cor	poration, complete	e page 2.		
Have you made a	n application f	for massage licer	nse or similar in th	e United States	before?	
□ No □ Yes	If yes, provi	de location:				
Uovo vou ovor ho	d a massaga li	canca or cimilar	suspended or revo	okod?		
	If yes, why:		suspended of Teve	okeu :		
	ii yes, wiiy.					
Have you ever ple ordinance which i			of any provision o	f this article or o	other municipality's	
□ No □ Yes	If yes, provi	de a list of all of	ffenses:			
For any employee	es directly invo	olved in scheduli	ing or managing n	nassager theranis	sts complete page 3.	

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

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

Address:					
	Street		City	Zip	State
Date of Birth:			Gender:		
Description:			<del></del>		
	Height	Weight	Hair Color	Eye Color	Ethnicity
Copy of Sta	te Issued ID	provided			
Full Name:					
Address:					
	Street		City	Zip	State
Date of Birth:			Gender:		
Description:			<del></del>		
	Height  te Issued ID	Weight provided	Hair Color	Eye Color	Ethnicity
Full Name:		_	Hair Color	Eye Color	Ethnicity
	te Issued ID	_			
Full Name: Address:		_	City	Eye Color Zip	Ethnicity
Full Name: Address: Date of Birth:	te Issued ID	_			
Full Name: Address:	te Issued ID	_	City		
Full Name: Address: Date of Birth: Description:	Street Height	provided  Weight	City Gender:	Zip	State
Full Name: Address: Date of Birth: Description:	te Issued ID	provided  Weight	City Gender:	Zip	State
Full Name: Address: Date of Birth: Description:	Street Height	provided  Weight	City Gender:	Zip	State
Full Name: Address:  Date of Birth: Description:  Copy of Sta	Street Height	provided  Weight	City Gender:	Zip	State
Full Name: Address: Date of Birth: Description: Copy of State Full Name:	Street Height	provided  Weight	City Gender:	Zip	State
Full Name: Address: Date of Birth: Description: Copy of State Full Name:	Street  Height  te Issued ID	provided  Weight	City Gender: Hair Color	Zip Eye Color	State
Full Name: Address:  Date of Birth: Description:  Copy of State  Full Name: Address:	Street  Height  te Issued ID	provided  Weight	City Gender: Hair Color  City	Zip Eye Color	State

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
Copy of Sta	te Issued ID	provided			
Full Name:					
Address:					
	Street		City	Zip	State
Date of Birth:			Gender:		
Description:					
	Height	Weight	Hair Color	Eye Color	Ethnicity
Copy of Sta	te Issued ID	provided			
Full Name:					
Address:					
	Street		City	Zip	State
Date of Birth:			Gender:		
Description:					
	Height	Weight	Hair Color	Eye Color	Ethnicity
Copy of Sta	te Issued ID	provided			
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 Copy of State Issued ID provided Copy of Massage License provided Full Name: Address: Street City Zip State Date of Birth: Gender: Description: Height Weight Hair Color Eye Color Ethnicity Copy of Massage License provided Copy of State Issued ID provided Full Name: Address: Street City Zip State Date of Birth: Gender:

Hair Color

Eye Color

Copy of State Issued ID provided

Ethnicity

Weight

Description:

Height

Copy of Massage License provided

Full Name:						
Address:						
	Street		City	Zip	State	
Date of Birth:			Gender:			
Description:						
	Height	Weight	Hair Color	Eye Color	Ethnicity	
Copy of M	Copy of Massage License provided		Copy of State Issued ID provided			
Full Name:						
Address:						
	Street		City	Zip	State	
Date of Birth:			Gender:			
Description:						
	Height	Weight	Hair Color	Eye Color	Ethnicity	
Copy of M	lassage Lice	nse provided	□ Сору с	of State Issued ID pr	rovided	
Full Name:						
Address:						
	Street		City	Zip	State	
Date of Birth:			Gender:			
Description:						
	Height	Weight	Hair Color	Eye Color	Ethnicity	
$\square$ Copy of M	lassage Lice	nse provided	Copy of State Issued ID provided			

Full Name:						
Address:						
	Street		City	Zip	State	
Date of Birth:			Gender:			
Description:						
	Height	Weight	Hair Color	Eye Color	Ethnicity	
Copy of M	Copy of Massage License provided		Copy of State Issued ID provided			
Full Name:						
Address:						
	Street		City	Zip	State	
Date of Birth:			Gender:			
Description:						
	Height	Weight	Hair Color	Eye Color	Ethnicity	
Copy of M	lassage Lice	nse provided	□ Сору с	of State Issued ID pr	rovided	
Full Name:						
Address:						
	Street		City	Zip	State	
Date of Birth:			Gender:			
Description:						
	Height	Weight	Hair Color	Eye Color	Ethnicity	
$\square$ Copy of M	lassage Lice	nse provided	Copy of State Issued ID provided			