

CITY OF AUGUSTA
APPLICATION FOR MASSAGE THERAPIST LICENSE

FEE: \$50.00

In accordance with Maine statues, Title 32 M.R.S.A. Chapter 127, and Article VIII, Section 190-87 of the City Code of Ordinances, the undersigned hereby applies for a Massage Therapist License. In accordance with Order #273 passed by the Augusta City Council on November 18, 1963, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he/she owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the City Council at the time such application is considered.

Please print clearly or type:

1. Name of Applicant: _____
2. Date of Birth: _____ Place of Birth _____
3. Email address: _____
4. Have you ever been convicted of a crime? _____ If yes, list offense(s), place(s) of conviction, and penalty for each conviction: _____

5. Company Name: _____
6. Company Address: _____
7. Local Address: _____
8. Telephone: Day _____ Evening/Weekend _____
9. Location of Records: _____
10. Business Structure: ___ Proprietorship ___ Partnership ___ Corporation
List Proprietors, Partners or Directors:

Name	Address	Telephone	Title
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Name	Address	Telephone	Title
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11. Required: Please attach a copy of your current State of Maine Massage License and 2 passport size photos taken within the last 30 days.

NOTE: By signing this application, I hereby affirm that I have truthfully answered all questions contained herein, in full recognition of the fact that a false statement will be grounds for revocation of the permit and will subject me to such other penalties as are provided by law.

Signature of Applicant: _____ Date: _____

***License expires annually on December 31st**

Office use only:	Received in Clerk's Office by: _____	Date: _____
Licensing Board: Police: _____	CEO: _____	Date: _____ Approved / Denied
Fee Paid: _____ Cash / CC / Check # _____	License Number: # _____	Expires: _____

CITY OF AUGUSTA, MAINE
16 Cony Street
Augusta, ME 04330

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Date: _____ Type of License Requested: _____

Name: _____

Address: _____

Email: _____ Phone: _____

	Real Estate Taxes	Personal Tax
Present Year (past due)	_____	_____
Prior Years Total (list years) _____ _____ _____	_____	_____
Accounts Receivables Date: _____	_____	_____
Other	_____	_____
TOTAL:	=====	=====

Signature of Applicant _____ Print Name _____

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:

Verified: _____ Date: _____
 City Treasurer/Tax Collector Staff (Deputy and Assistants)

Check here if no outstanding taxes or accounts with the City: _____