

**CITY OF AUGUSTA
APPLICATION FOR MASSAGE THERAPIST LICENSE**

In accordance with Maine statutes, 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.

Please print clearly or type

1. Name of Applicant: _____

2. Date and Place of Birth: _____

Age (at least 18) Date of Birth Place of Birth (City, State, Country)

3. Email: _____ Phone: _____

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. Location of Records: _____

8. Business Structure: _____ Proprietorship _____ Partnership _____ Corporation
Proprietors, Partners, or Directors: (partnership/corporations must include copy of articles of incorporation)

Name	Address	Telephone	Title
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Name	Address	Telephone	Title
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Name	Address	Telephone	Title
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PLEASE MAKE SURE TO ATTACH A COPY OF YOUR STATE OF MAINE CERTIFICATION

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. You must submit a copy of state massage license and 2 passport photos that have been taken in the last 30 days.

Signature of Applicant: _____ Date: _____

Return to the Municipal Offices at 16 Cony Street, Augusta with the proper fee of \$150.00.

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

In accordance with Order #273 passed by the Augusta City Council 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 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.

Date: _____

Name: _____

Address: _____

Email: _____ Phone: _____

Type of License Requested: _____

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

	Real Estate Taxes	Personal Tax
Present Year (Past Due)	_____	_____
Prior Years Total (List Years) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Accounts Receivables Date _____	_____	_____
Other	_____	_____
TOTAL:	_____	_____

Signature of Applicant

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