



MESSAGE ESTABLISHMENT LICENSE APPLICATION TOWN OF GRAY MAINE

For Office Use Only
 New Renewal
Date Rec'd/Paid: _____
License Fee Paid: _____
Received by: _____

License valid for one year from date of approval.

APPLICANT INFORMATION

Name of Business		E-Mail Address	
Business Address		City/State/Zip	
Business Mailing Address		City/State/Zip	
Hours of Operation			
Establishment Owner		Phone Number	
Owner Address		City/State/Zip	
Manager on Premise		Phone Number	

Does the business employ Massage Therapists? Yes No

If yes, please list the names of all Massage Therapists:

Business Type Sole Proprietor Partnership¹ Corporation² Association³
¹ Please attach evidence of the existence of the Partnership
² Please attach attested copies of the Articles of Incorporation and Corporate By-Laws
³ Please attach Articles of Association and By-Laws

Please attach an affidavit identifying all of owners, officers, managers or partners of the applicant and their places of residence at the time of the application and for the immediately preceding five (5) years.

SIGNATURE

I hereby certify that all statements made in this application are true. I agree and understand that any misstatements or omissions of material fact herein will result in denial of license or revocation of license if one has already been issued. Further, I hereby certify that I have read the Town of Gray's Massage Regulatory Ordinance and am aware of its requirements.

Applicant Signature/Title:	Date:
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RELEASE OF INFORMATION/BACKGROUND CHECK AUTHORIZATION

A check will be conducted of all applicants, officers, owners, managers and/or partners seeking a Therapeutic Massage License or Combined Massage Establishment/Massage Therapist License

I hereby release any individual, entity and the municipality from all claims of liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

Legal Name (print)

Maiden/Other Names Used

Social Security Number

Driver's License Number

Have you been arrested, convicted or imprisoned at any time during the past (5) years for any offenses other than traffic violations?

Yes No

If yes, please explain:

Date of Birth

Today's Date

Signature

MUNICIPAL INSPECTIONS

TOWN CLERK

Has the applicant paid all applicable fees and submitted a complete application with all supporting documentation?

Yes No

Has a background check been completed for all applicants, officers, owners, managers and/or partners?

Yes No

Signature/Title:

Date:

CODE ENFORCEMENT OFFICER

Does the premise comply with all applicable ordinances of the Town including but not limited to, the building code, electrical code, health & safety codes, plumbing code and zoning ordinance?

Yes No

Comments:

Signature/Title:

Date:

FIRE CHIEF

Does the premise meet all fire and safety standards set forth by the State of Maine and the Town of Gray?

Yes No

Comments:

Signature/Title:

Date:

CUMBERLAND COUNTY SHERIFF'S DEPARTMENT

Does the applicant or establishment have a past history of complaints, convictions or infractions against the establishment?

Yes No

Comments:

Signature/Title:

Date: