



# MASSAGE THERAPIST/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	
Business Type	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <sup>1</sup> <input type="checkbox"/> Corporation <sup>2</sup> <input type="checkbox"/> Association <sup>3</sup> <sup>1</sup> Please attach evidence of the existence of the Partnership <sup>2</sup> Please attach attested copies of the Articles of Incorporation and Corporate By-Laws <sup>3</sup> 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.**

## BASIC PROFICIENCY

Pursuant to §218.11 of the Town of Gray Massage Regulatory Ordinance, you must provide evidence of one (1) of the following proficiency requirements (check one and attach appropriate documentation):

<input type="checkbox"/>	Evidence of the satisfactory completion of all formal course work and training in massage therapy required for graduation from a recognized school, which shall be in the form of a diploma or certificate of graduation or equivalent documentation.
<input type="checkbox"/>	A written statement from a physician, nurse, osteopath, chiropractor, physical therapist or member of the AMTA or ABMP stating that they refer clients to the applicant for therapeutic massage.

Pursuant to §218.8 of the Town of Gray Massage Regulatory Ordinance:

<input type="checkbox"/>	Applicants must submit two (2) front face photographs taken within thirty (30) days of application.
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## 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: