



MASSAGE THERAPIST 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		E-Mail Address	
Address		Phone Number	
City/State/Zip			
Business Name			
Business Address		City/State/Zip	
Business Owner		Phone Number	

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	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			
Social Security #		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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
Date of Birth		Today's Date	
Signature			