

## TOWN OF GORHAM

### APPLICATION FOR MASSAGE THERAPIST/ESTABLISHMENT LICENSE

**THIS BOX FOR MUNICIPAL USE ONLY**Date of Application \_\_\_\_\_ Agenda Date \_\_\_\_\_ License # **2005**

Date Fee Paid \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

Taxes \_\_\_\_\_ Account # \_\_\_\_\_ Paid \_\_\_\_\_

Real Estate \_\_\_\_\_

Personal Prop. \_\_\_\_\_

**FEE:** **MASSAGE THERAPIST** \$ 50.00

MASSAGE ESTABLISHMENT \$ 75.00

COMBINED LICENSE \$100.00

CONDITIONAL LICENSE \$ 50.00

**REQUIRED BACKGROUND CHECK** \$ 31.00

MAP \_\_\_\_\_ LOT \_\_\_\_\_ ZONING \_\_\_\_\_ CERT. OF OCCUPANCY ISSUED \_\_\_\_\_

**CODE ENFORCEMENT OFFICER**

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

COMMENT \_\_\_\_\_

**CHIEF OF POLICE**

APPROVED \_\_\_\_\_

DISAPPROVE \_\_\_\_\_

COMMENT \_\_\_\_\_

**HEALTH OFFICER** (if requested by CEO)

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

COMMENT \_\_\_\_\_

**APPLICANT INFORMATION** (Please submit 2 current photos)

Applicant Name: Last, First, Middle \_\_\_\_\_

Home Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: M / F

Other names ever used by Applicant \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Applicants State Identification #: \_\_\_\_\_

**Conditional Therapist Only:** Name of licensed supervisor \_\_\_\_\_

Name and address of Massage Establishment: \_\_\_\_\_

If premises upon which therapeutic massage establishment is located are not owned by applicant please give owners name and address: \_\_\_\_\_

Business Type-circle one: Sole Proprietor / Association / Partnership / Corporation

If applicable, please attach Articles of Association and By-Laws; evidence of existence of Partnership; or Articles of Incorporation and Corporate By-Laws.

**For Massage Establishment Licenses Only:** Please attach a list of all business owners, officers, managers, and/or partners and their current residence address during the three years immediately preceding the date of this application. Name and address of Establishment Supervisor: \_\_\_\_\_

Does applicant, or any officer of a corporate applicant, or any partner of a partnership applicant, or any person having an actual ownership interest or management authority in this business, have any arrests or convictions for any offenses, other than traffic violations, during the past five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: YEAR OFFENSELOCATIONDISPOSITION

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TURN OVER AND COMPLETE BACK**

**NEW APPLICATIONS FOR MASSAGE THERAPIST AND COMBINED LICENSES: ATTACH ONE OF THE FOLLOWING PROFICIENCY REQUIREMENTS** (Check one and attach appropriate documentation)

- \_\_\_\_\_ Evidence of completion of a formal training course in massage therapy given by a recognized school.
- \_\_\_\_\_ Evidence of 100 hours of on-the-job training in therapeutic massage performed in the presence of a therapist licensed by the Town of Gorham.
- \_\_\_\_\_ Evidence of continuous practice as a Massage Therapist for at least one (1) year, accompanied by the written recommendations of at least five (5) therapists licensed by the Town of Gorham, the State of Maine or by a municipality that has enacted Massage Therapist Licensing requirements similar to those of the Town of Gorham.
- \_\_\_\_\_ Evidence of successful completion of a certified exam given by the AMTA, or another Municipality or State.

**CERTIFICATION OF INFORMATION**

**PLEASE READ AND SIGN**

**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 Gorham's Massage Establishment and Massage Therapist Ordinance and I am aware of its requirements.**

**In addition, I hereby authorize the release of any criminal history record information or driving history record information to the Town Clerk's Office or licensing authority. I understand that this information shall become public record, and I hereby waive any rights of privacy with respect hereto.**

| \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date