TOWN OF GORHAM

APPLICATION FOR MASSAGE THERAPIST/ESTABLISHMENT LICENSE

THIS BOX FOR MUNICIPAL USE ONLY

Date of Application _____ Agenda Date _____ License # _____

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 parnership 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	OFFENSE	LOCATION	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TURN OVER AND COMPLETE BACK

NEW APPLICANTIONS 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 licinsing authority. I understand that this information shall become public record, and I hereby waive any rights of privacy with respect hereto.

_____ _____

Signature of Applicatant Date