



**MASSAGIST
LICENSE APPLICATION**

1. NAME _____
(Last) (First) (Middle)

2. ADDRESS _____
(Dates of Residence)

PREVIOUS ADDRESS _____
(Street) (City) (State) (Dates of Residence)

3. PHONE NUMBER _____

4. EMPLOYER _____

EMPLOYER ADDRESS _____

5. DATE OF BIRTH (Must be at least 18 years old) ____/____/____
(Month) (Day) (Year)

Attach Copy - Birth Certificate ____

Drivers License ____

6. PHYSICAL - Height _____ Weight _____ Sex _____

Hair Color _____ Eye Color _____

7. CRIMINAL HISTORY - Arrested and Convicted Yes _____ No _____

If yes, specify reason, where and when

8. PREVIOUS EMPLOYMENT RECORD – (Last 3 years)

9. DESCRIBE SERVICES TO BE PROVIDED

-over-

10. SPECIFIC MASSAGE TRAINING (please provide names and addresses of the schools and/or businesses and dates where training occurred and **attach** copies of diplomas and certificates received).

11. Have you previously operated a massage parlor or similar business: _____

Were there any problems related to the business (please describe):

12. IF APPLICANT IS A CORPORATION – Names and residential addresses of all officers, directors and stockholders holding more than 10% of said corporation.

13. IF APPLICANT IS A PARTNERSHIP – Names and residential addresses of all partners (including limited partners).

14. PORTRAIT PHOTOGRAPH – **(Please attach)**
(2" X 2" Minimum)

FINGER PRINTS - **(Please attach)**
(Must be taken by Farmington Public Safety Dept.)

15. MEDICAL CERTIFICATE OF EXAMINATION – Stating that applicant is free from contagious or communicable diseases – (completed in last 30 days). **(Please attach)**

(Applicant Signature) (Date)

(Witness Signature) (Date)

City Office Use:

LICENSE FEE (\$150.00): _____ **AMOUNT PAID:** _____