



CITY OF WESTBROOK
2 York St., Westbrook, ME 04092

MASSAGE THERAPY LICENSE

_____ NEW _____ RENEWAL

Expires annually on March 1

Application Fee = \$25.00
Background Investigation Fee = \$27.00 (to be paid by new applicants only – **a copy of the driver's license for each applicant must be submitted**)

TYPE OF MESSAGE THERAPY LICENSE (Choose One):
_____ Massage Establishment = \$65.00
_____ Massage Therapist = \$45.00
_____ Combined Massage Therapist/Establishment = \$65.00

APPLICANT'S NAME: _____ DOB ____/____/____

APPLICANT'S ADDRESS: _____ PHONE # _____

NAME OF BUSINESS: _____ PHONE # _____

BUSINESS ADDRESS: _____

All Massage Therapist applicants (new and renewal) need to submit a copy of their current State of Maine Massage Therapist license.

**** IF YOU ARE APPLYING AS A THERAPIST ONLY, PLEASE ANSWER THE NEXT TWO QUESTIONS IN REGARDS TO ONLY YOUR OWN PERSONAL HISTORY ****

Have you or any of the other owners ever had a business or occupational license denied/revoked? YES _____ NO _____

If yes, list name of person and reason: _____

Have you or any of the onsite Owners, Officers or Partners been convicted of a crime in the past 10 years?

YES _____ NO _____ If yes, list name of person, nature of conviction, date and State conviction took place in:

If a license is issued, I agree to abide by all applicable Federal, State and Local laws governing the operations of the business in the City of Westbrook. Any misleading or false information given may be cause for denial and/or revocation of this license. If this is a new application, I hereby authorize the Police Department and its representatives to conduct a background check on me and to verify the information contained in this application.

Date: _____

Applicant Signature _____

FOR OFFICE USE ONLY

REPORT OF INSPECTING OFFICERS:

_____ Approved _____ Denied FIRE: _____

_____ Approved _____ Denied CODE ENFORCEMENT: _____

_____ Approved _____ Denied POLICE: _____

Comments:

License issued on: ____/____/____

License # _____

Fees paid: Application fee _____ SBI fee _____ License fee(s) _____

Total amount paid = \$ _____