

**APPLICATION FOR A LICENSE FOR MASSAGE  
AND  
FOR THE GIVING OF VAPOR BATHS**

Name: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_\_

Current Address: \_\_\_\_\_ PHONE: \_\_\_\_\_

Former Occupation: \_\_\_\_\_

Address for Past Two Years: \_\_\_\_\_

Education: \_\_\_\_\_

Training: \_\_\_\_\_

Experience: \_\_\_\_\_

Certificates of Diplomas: \_\_\_\_\_

Criminal Record: \_\_\_\_\_ If Yes, please list (continue on back): \_\_\_\_\_

Kind of Massage to be Practiced: \_\_\_\_\_

Facilities at Place of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Other Massage Therapists Practicing on Premises: \_\_\_\_\_

Their Qualifications: \_\_\_\_\_

\_\_\_\_\_

Incorporated: \_\_\_\_\_ If Yes, Names of Officers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References (3): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FID #or Social Security #: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date: