

PPD/SBI: _____
Taxes: _____
Zoning: _____
Fire: _____

City of Portland
Office of the City Clerk
389 Congress Street
Portland, ME 04101
207-874-8557

New \$35.00/Renewal \$25.00
License fee: \$60.00
SBI: \$21.00 (Per Officer) _____
Total: _____

Massage Establishment Application

Business Name/ Applicant Name (if no formal business name): _____

Business Address: _____ Zip _____

Mailing Address: _____ Zip _____

Applicant Name: _____ Date of Birth _____

Applicant Home Address (if different than above) _____

Phone: _____ City _____ State _____ Zip _____

Owner of Business Premises: _____

Address of Premises Owner: _____

Name of Manager of Business (if applicable): _____ Date of Birth _____

Hours of Operation: _____

Does the applicant, or any officer of a corporate applicant, or any partner, or any person having actual ownership interest or management authority in this business, have any convictions for any offenses, other than traffic violations, during the past 5 years? _____. If yes, please explain _____

Does the issuance of this license benefit any City employee? Yes ___ No ___

If yes, list name(s) and department(s) _____

CORPORATE APPLICANTS: PLEASE ATTACH A LIST OF ALL PRINCIPAL OFFICERS

Corporate Name: _____ Phone: _____

Mailing Address: _____ Zip _____

Contact Person: _____ Phone: _____

Please submit 2 passport size photos, taken in the last 30 days.

Please read and sign:

All therapeutic massage must be administered on a massage table, treatment table, or treatment mat, and must be kept in a clean and sanitary condition.

Massage therapists can operate between the hours of 6am and 12am only.

A massage therapy establishment must, when open to the public, have a licensed massage therapist on the premises at all times. The establishment must keep a written list of all employee names and addresses , both on and off duty and said list must be shown upon request.

A massage therapy corporation must be registered in the State of Maine.

Any principal officer/owner/massage therapist may not have a disqualifying criminal conviction in the last 5 years and must be at least 18 years of age.

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the City Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature

Date

Printed Name and Title

Witness

Date