

**Office of the Town Clerk
Scarborough, Maine**

**APPLICATION FOR THERAPEUTIC MASSAGE ESTABLISHMENT LICENSE
October 1 through September 30**

This space for office use only:

License Fee [\$55 + \$25 SBI (if applicable)] Total _____ Cash _____ Credit _____ Check # _____ Date Received _____

Applicant Information:

_____ Sole Proprietor _____ Partnership _____ Corporation*

*Corporation must file a corporate supplement.

Please check one: _____ New _____ Renewal

Applicant Name(s) _____ D.O.B. _____

Any other name(s) ever used by applicant _____

Home Address (Street, City, State, Zip) _____

Business Address (Street, City, State, Zip) _____

Mailing Address (P.O. Box, City, State, Zip) _____

Business Telephone _____ Home Telephone _____

E-mail Address _____

Tax Account Code _____

Business Name (d.b.a.) _____

Date d.b.a. Filed _____

Establishment Manager _____

Landlord of Premises (Name and Complete Address) _____

Does the award of this license benefit any town employee? _____ Yes _____ No

Does any applicant, or any principal officer of a corporate 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 (5) years? _____ Yes _____ No

If yes, list accurately below:

Name	Offense	Year	Place of Disposition

(Please turn over and complete back of application.)

CERTIFICATION OF INFORMATION

Please read and sign.

I/We hereby certify that all statements made in this application are true. I/We agree and understand that any misstatement or omissions of material fact herein will result in refusal of license or revocation of license if one has already been issued.

In addition, I/we hereby authorize the release of any criminal history record/information to the Town Clerk’s Office or licensing authority. I/We understand that this information shall become public record and hereby waive any rights of privacy with respect hereto.

This must be signed in front of a Notary Public.

Signature of Applicant

Date

Signature of Applicant

Date

State of Maine
Cumberland, ss.

Subscribed and sworn to before me this _____ day of _____, 200__.

Notary Public