

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

APPLICATION FOR THERAPEUTIC MASSAGE THERAPIST LICENSE

1 signed photo (passport size) taken within 30 days of application is required upon filing of application.

Attach Here

This space for office use only:

Fee: _____

Date Application/Fee Received: _____

Cash Credit Check # _____

TYPE OF LICENSE APPLIED FOR:

Check One:

_____ Massage Therapist (\$30.00)

_____ Conditional Massage Therapist (\$30.00)

_____ Combined Massage Establishment/Massage Therapist (\$35.00)

Check One:

_____ New Application (SBI Check Required \$25.00)

_____ Renewal Application

1.	Last Name	First	Middle Initial	
2.	Home Telephone	Date of Birth	Sex (M/F)	
3.	Any other name/s used by applicant			
4.	Home Street Address	City/Town	State Zip	
5.	Mailing Address (if different)			
6.	E-Mail Address			
7.	Massage Establishment Name			
8.	Establishment Address	Establishment Telephone		
9.	If Conditional Therapist, Name of Designated Supervisor			
10.	Have you ever been ARRESTED, CONVICTED, or IMPRISONED at any time during the past five (5) years for ANY offenses <i>other than a traffic violation?</i> (Please circle) YES / NO			
	Year	Offense	Place	Disposition
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(Please turn over and complete back of application.)

PURSUANT TO SECTION 6 OF THE TOWN ORDINANCE, ARTICLE II:

9. **Evidence of proficiency.** Each applicant for a massage therapist license or combined massage establishment/massage therapist license shall show proof of basic proficiency in the field of massage therapy which may be satisfied by one of the following. Please check one and attach the appropriate documentation to this application.

_____ Evidence of completion of a formal training course in massage therapy given by a recognized school.

_____ Evidence of 100 hours of on-the-job training in therapeutic massage performed in the presence of a therapist licensed by the Town of Scarborough.

_____ Evidence of continuous practice as a massage therapist for at least one (1) year, accompanied by the written recommendation of at least five (5) therapists licensed by the Town of Scarborough. Each recommendation shall state that the licensed therapist received a massage from the applicant, which was administered in a skilled and professional manner.

_____ Evidence of successful completion of a certifying exam given by the A.M.T.A., or another municipality or state.

_____ Evidence of a current State of Maine License must be on file.

CERTIFICATION OF INFORMATION

Please read and sign.

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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.

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

This must be signed in front of a Notary Public.

Signature of Applicant

Date

State of Maine
Cumberland, ss.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

This space for office use only:

Recommendation of License Administration

Approved/Denied _____ Decision Date _____