

10. DO YOU HAVE EVIDENCE OF ONE OF THE FOLLOWING PROFICIENCIES? (check and attach copy of appropriate documentation)

- _____ Evidence of completion of a formal training course in massage therapy given by a recognized school;
- _____ Evidence of one hundred (100) hours of on-the-job training in therapeutic massage performed in the presence of a person holding a valid massage therapist license or a combined massage establishment/massage therapist license issued by the Town or certification/registration by the State of Maine or by a municipality which has enacted massage therapist licensing requirements similar to those of the Town;
- _____ Evidence of continuous practice as a massage therapist for at least one (1) year, accompanied by the written recommendation of at least three (3) persons, two (2) of whom hold a valid massage therapy license or a combined massage establishment/massage therapist license issued by the Town, by the State of Maine or by a municipality which has enacted massage therapist licensing requirements similar to those of the Town, and one of whom is a health care provider who is not a massage therapist, which recommendation shall state that said person has personally received a massage from the applicant that was administered in a skillful and professional manner; or
- _____ Evidence of successful completion of a certifying or licensing exam given by another municipality, by a state agency, or of the certifying exam given by the National Certification Board for Therapeutic Massage and Bodyworks and/or the American Massage Therapy Association.

11. *Please attach a sheet listing employment for the past 10 years, and residential addresses for the past 10 years.*

**CERTIFICATION OF INFORMATION
PLEASE READ AND SIGN**

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT HEREIN WILL RESULT IN DENIAL OF LICENSE OR REVOCATION OF LICENSE IF ONE HAS ALREADY BEEN ISSUED.

IN ADDITION, I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION THE TO THE TOWN CLERK’S OFFICE, POLICE DEPARTMENT OR LICENSING AUTHORITY. I UNDERSTAND THAT THIS INFORMATION SHALL BECOME PUBLIC RECORD, AND I HEREBY WAIVE ANY RIGHTS OF PRIVACY WITH RESPECT HERETO.

Signature of Applicant

Date

Signature of Witness

Date

**SUPPLEMENTAL INFORMATION
MESSAGE ESTABLISHMENT/THERAPIST APPLICATION**

**1. If sole proprietor or partnership, are you working in a business name other than your own? YES/NO
If YES, please list business name and date of d/b/a/ filing:**

2. Please list full name, date of birth and residence for previous 3 years of all partners (use separate sheet if necessary):

3. If corporation, please complete the information below and attach copy of Articles of Incorporation:

NAME OF CORPORATE OFFICER(S)	DATE OF BIRTH	ADDRESS (for previous 3 years)	CORPORATE TITLE