APPLICATION FOR MASSAGE THERAPIST LICENSE

(Ordinance 5-78)

1. Name of applicant (and aliases) _____

_____

2. Age and date of birth _____

3. Address and former addresses for past 10 years _____

_____

_____

4. Citizenship _____

5. Have you been convicted of any public offense concerning an act of violence, moral turpitude, sex offense or any prior violation of Ordinance 5-78? Yes ☐ No ☐

If yes, please explain: _____

_____

_____

6. What is the nature of the work you perform? _____

_____

I hereby apply for a Massage Therapist License. Attached hereto is a certificate from the Madison County Health Department certifying that I am free from communicable diseases.

_____

(Signature of Applicant)

State of Indiana SS:

County of _____

Subscribed and Sworn to before me, a Notary Public in and for the County and State, this _____ day of _____ , 20 ____ .

_____

Notary Public

A resident of _____ County

This application must be accompanied by a $25.00 application fee. Please submit a certificate or affidavit of qualifications as to schooling, training and experience, and where and how obtained.