



**CITY OF SACO
MESSAGE THERAPIST / ESTABLISHMENT LICENSE
APPLICATION**

The undersigned hereby applies to the City pursuant to Chapter 138 of the Code of Ordinances for a (check one):

_____	Message Establishment License	\$ 100.00
_____	Message Therapist License	\$ 50.00
_____	Combined Establishment / Therapist License	\$ 125.00

Name of applicant: _____
 Applicant's date of birth: _____
 Home Address: _____
 Mailing address: _____
 Business address: _____
 Home Telephone: _____
 Business Telephone: _____

If applicant is a corporation, names and home addresses of all officers, directors, shareholders and managers: _____

This application, together with the appropriate fee, must be completed and submitted to the Clerk's office. An applicant for a Massage Therapist License or Combined Establishment/Therapist License must also submit satisfactory evidence of basic proficiency as required by Section 138-9. The applicant, by signing this application, certifies that neither the applicant nor any person named in the application has, within the five years preceding the date of application, had any criminal conviction for any violation of Title 17-A, Maine Revised Statutes Annotated, Chapter 35.

Warning

Any false statement made on this application shall be cause for denial or revocation of a license and may subject the applicant to criminal prosecution!

Date

Signature of Applicant

I, _____ (City Clerk or Deputy City Clerk) hereby certify that the above application was submitted in proper form on _____, 20__ and the license applied for was (granted or denied) by the City Council on _____, 20__.

ATTEST: _____