

**APPLICATION FOR MASSAGE THERAPY LICENSE
HAVERHILL BOARD OF HEALTH**

Type of application: NEW Massage Therapist (\$50.00)
 RENEWAL Massage Therapist (\$50.00)

Name of Applicant:
Mailing Address:
City, State, Zip:
Tel.#

Business Name:
Address:
Business Owners Name:
Tel #

EDUCATION (Massage Therapist)

Name of School: _____
Address: _____
City: _____ State: _____ Zip: _____
Dates Of Attendance: _____
Telephone: _____

New applicants seeking a massage therapy license must submit the following:

- A. Copy of photo identification.
- B. Copy of Diploma.
- C. Official Transcripts
- D. Application fee of \$50.00
- E. National certification if applicable

Have you been previously been involved in the practice of massage? _____
 If yes, please list below.

Business Name:	Address:	Tel.#
Business Name:	Address:	Tel.#
Business Name:	Address:	Tel.#

Please list all states and municipalities in which you hold licenses: _____

What particular form or kind of massage do you wish to be licensed to perform?

How do you plan to store clean linens? _____

What arrangements are made for assuring the cleanliness of towels, robes and sheets,
used in the connection with the treatment of patrons? _____

Do you plan to use any instruments while performing massage ____ Yes ____ No. If yes,
what do you plan to use? _____

What do you plan to use as a sanitizer to disinfect your table between clients?

Three (3) references are required:

Name	Address	Tel #

Signature: _____ Date: _____

Office Use Only:

Date Received: _____ Hearing Date: _____ Decision: _____