



MESSAGE THERAPIST LICENSE RENEWAL APPLICATION

1. Name: _____
 First Full Middle Maiden Name Last
 Date of Birth (mm/dd/yyyy): _____

2. Home address: _____
 Street City State Zip

3. Home Phone: _____ Alternate Phone: _____
 Email: _____

4. Name of establishment where massage will take place: _____

5. The City has my licensing requirements and insurance on file, including proof of citizenship
 ___ Yes ___ No*
 *If licensing requirements are not on file with the city, new license fees and application may apply.

6. Renewal/annual license fee \$70

I declare that the information I have provided is truthful and I understand that falsification of answers on this application may result in denial of this application. I authorize the City of Rogers to investigate and make whatever inquiries are necessary to verify the information provided.

_____ _____
 Applicant Signature Date

OFFICE USE ONLY	
Application complete _____	License Fee Paid _____
Licensing Period _____	
Council Approval granted on _____	