

\$60.00 Receipt _____ To Council _____ Granted _____

Account No. 101.000.648 License # _____

\$15 Record Check Fee Account No. 101.030.7460

Non-Registrant Massage Therapist – City of Racine, Wisconsin

Expires June 30, current year

Applicant's Information

Name _____ Alias(es) _____
Last First Middle Maiden

Address _____ City _____ Zip _____

Telephone _____ D.O.B. _____ Sex _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Massage Establishment at which applicant intends to work:

Name _____ Address _____

Massage establishment at which applicant has previously provided massages:

Business Name	Address	Dates of Employment

List of pending charges and convictions of crimes and misdemeanors, excepting traffic:

Offense	Date of Conviction	Place of Conviction	Sentence

State whether applicant has ever had a massage therapist permit or similar license, permit or certificate denied, suspended or revoked, and for each provide the following information:

Action Taken By What City, etc.	Action	Date	Reason Given	Name of Business Where Employed

Attach the following to this application:

1. Proof that applicant is a least 18 years of age.
2. Two (2) portrait photographs of applicant, at least 2" x 2", taken within 6 months prior to application, or if you prefer, photos can be taken here in the Clerk's office.
3. Evidence that applicant has satisfactorily completed an in-residence course of study at a school which requires for graduation or certification, a minimum of 500 in-class hours of training in massage therapy in a curriculum approved by or substantially similar to a curriculum approved by the American Massage Therapy Association, the International Myomassethetics Federation, Inc., or another national or international professional massage therapy organization which has a massage therapy curriculum approved by one of the above organizations.

Applicant acknowledges that he/she has read and is familiar with Chapter 22-806 through 22-810 of the Racine Municipal Code.

Applicant Signature _____

Printed Name _____

Subscribed and sworn to before me this
 _____ Day of _____, 20____.

Notary Public, _____ County, WI.

My Commission Expires _____.