CITY OF LEOMINSTER

Board of Health

25 WEST STREET – SUITE 9

LEOMINSTER, MASSACHUSETTS 01453

Telephone (978) 534-7533, FAX (978) 534-7508

Christopher Knuth
Director

APPLICATION FOR MASSAGE THERAPIST LICENSE

NEW ☐
Renewal ☐

All Applicants: Please complete this application and return to the Leominster Health Department with the $50 application fee. Checks should be made payable to: City of Leominster.

Date:_____

1. Name of Applicant:_____
2. Permanent Mailing Address:_____City_____ State_____
3. Name of Establishment_____
4. Establishment Address:_____
5. Home Telephone Number_____ Business Telephone_____

   Emergency Contact Person _____ Telephone Number _____
6. Give the names, occupations and addresses of three professional or business men or women of whom inquiry can be made for further information regarding your character and fitness to be licensed to carry on the business for which you have made application.

_____

_____

_____

(over)

7. What arrangements are made for assuring the cleanliness of towels, robes, sheets or other coverings used in the business?

_____

_____

8. What education, training, experience, have you had to qualify to practice massage: **(Please provide documentation)**

_____

_____

_____

9. Signature of Applicant_____

Date: _____