



**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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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9. Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_