

4. Have you ever had a massage therapist license from any jurisdiction suspended or revoked? Yes: _____ No: _____ If yes, the reason:

5. Have you ever been convicted of any crime except minor traffic violations?

Yes: _____ No: _____

If yes, please give the place and court in which the conviction was obtained and the sentence imposed as a result of such conviction.

6. List all place(s) of employment for the past three (3) years: (Use extra sheets if necessary):

7. I affirm the listed and attached information is true and correct and hereby authorize the City, its agents and employees to seek information and conduct an investigation into the truth of the statements in this application, the attachments and into the qualifications of the applicant. I further acknowledge that the knowing of making false statements on this application will be grounds for denial or revocation of the permit.

Signature of Applicant

Date

Title

State of _____

County of _____

Sworn and subscribed to this

_____, day of _____, _____.

Notary Signature and Seal

Items required that must accompany this application:

1. Copy of current driver's license
2. Proof of completion of educational and training requirements, equivalent to 500 hours, which shall be by certified transcript.
3. Massage Therapist License Fee - \$5.00

Fees should be made payable to: City of Spring Hill