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## THERAPEUTIC MASSAGE ESTABLISHMENT LICENSE APPLICATION

October 1—September 30

Name (First, Middle, and Last): \_\_\_\_\_ Sex: ☐ M ☐ F

Date of Birth: \_\_\_\_\_ Aliases Used (maiden name, etc.): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Town | State | Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town | State | Zip: \_\_\_\_\_

Business Name (include d/b/a): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Location Address: \_\_\_\_\_ Town | State | Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town | State | Zip: \_\_\_\_\_

Does any applicant, any principal officer of a corporate applicant, or any person having an actual ownership interest or management authority in this business, have any **ARRESTED, CONVICTED OR IMPRISONED** at any time during the past five (5) years for ANY offenses *other than a traffic violation*? ☐ YES ☐ NO

If yes to any of the above, please list below:

Year	Offense	Place	Disposition

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### Documentation Required

- ☐ Driver's License or Government Issued ID
- ☐ SBI (background) Check—not older than 3 days prior to submission of this application or \$100.00 for the Town of Scarborough to complete the check (new applicants or late renewals only)

Each applicant for a massage therapist license or combined massage establishment/massage therapist license shall show proof of basic proficiency in the field of massage therapy which may be satisfied by one of the following:

- ☐ Evidence of completion of a formal training course in massage therapy given by a recognized school
- ☐ Evidence of 100 hours of on-the-job training in therapeutic massage performed in the presence of a therapist licensed by the Town of Scarborough
- ☐ Evidence of continuous practice as a massage therapist for at least one (1) year, accompanied by the written recommendation of at least five (5) therapists licensed by the Town of Scarborough. Each recommendation shall state that the licensed therapist received a massage from the applicant, which was administered in a skilled and professional manner

- ☐ Evidence of successful completion of a certifying exam given by the A.M.T.A., or another municipality or state  
☐ Evidence of a current State of Maine License

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Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licenses and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of license. It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

In addition, I/we hereby authorize the release of any criminal history record/information to the Town Clerk's Office or licensing authority. I/We understand that this information shall become public record and hereby waive any rights of privacy with respect hereto.

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

Printed Name: \_\_\_\_\_

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**Town Use Only**

Application Fee: \$50.00  
License Fee: Massage Therapist \$50.00  
Combined Establishment and Massage Therapist \$150.00  
SBI: \$100.00 (if applicable and not provided)

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Initials: \_\_\_\_\_

Approved by: ☐ Town Clerk ☐ Code Enforcement Officer  
☐ Police Chief ☐ Fire Chief  
☐ Tax Collector ☐ Town Council (if applicable)