



THERAPEUTIC MASSAGE ESTABLISHMENT LICENSE APPLICATION

October 1—September 30

Please check one: ☐ Individual ☐ Corporation | LLC | Partnership ☐ Non-Profit

Corporations, LLC, and Partnerships will need to completed a supplemental questionnaire.

Business Name (include d/b/a): _____

Date d/b/a Filed: _____ Tax Account Code: _____

Phone Number: _____ Email: _____

Location Address: _____ Town | State | Zip: _____

Mailing Address: _____ Town | State | Zip: _____

Establishment Manager: _____

Landlord of Premises (name, address, and phone number): _____

Owner's 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: _____

Does the award of this license benefit any Town employee? ☐ YES ☐ NO

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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)
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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: _____

Town Use Only

Application Fee: \$50.00
License Fee: Establishment \$100
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)

SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATION | LLC | PARTNERSHIP APPLICANTS

This document must be signed in the presence of a Notary Public.

Exact Corporate Name: _____

Date of Incorporation: _____

State Incorporated: _____

If not a Maine corporation, date the corporation was authorized to transact business in the State of Maine: _____

List the following information for all officers/directors for the previous five (5) years and list the percentage of stock owned (use other side if needed):

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>% of Stock</u>	<u>Title</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the amount of authorized stock _____

Is any principle officer of the corporation a law enforcement official? ☐ YES ☐ NO

If yes, name: _____

Have applicant(s) or manager(s) ever been convicted of any violation, other than minor traffic violations, in the United States within the past five (5) years?

<u>Name</u>	<u>Date of Conviction</u>	<u>Offense</u>	<u>Location</u>	<u>Disposition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____ Date: _____

Print Name: _____

STATE OF MAINE Cumberland, ss. _____, 20____

Then personally appeared before the above-named _____ and made oath the foregoing statements are true.

Notary Public/Attorney