



MESSAGE PRACTITIONER LICENSE APPLICATION

Application is: () New () Renewal () Update

Print Name _____

Sex () M () F

AKA (Maiden Name) _____ Date of Birth _____

Address _____
Street City State Zip Code

Social Security Number _____ Cincinnati Income Tax Account Number ____ - _____

Home Phone _____ Cell Phone _____

Email Address _____

Indicate if you are under any Court Orders to pay child support? () Yes () No

If yes, provide (1) Name of Court _____

(2) Status of Payments: () Current () Arrears

List your two residence addresses and inclusive dates immediately prior to your current address.

ADDRESS	DATES

Employer's Name _____ Employer's Phone _____

Employer's Address _____
Street City State Zip Code

Employer's Mailing Address _____
Street or PO Box City State Zip Code

Have you ever applied for a similar license/permit? () Yes () No

If yes, list Issuing Jurisdiction and Effective Dates. If the license/permit was denied, revoked, or suspended, state the reasons.

List education, training and experience. Include diplomas, credentials and certifications.

The undersigned has not been arrested for/or convicted of any felony or misdemeanor except as follows. List all arrests or convictions, except for traffic violations. Use reverse side if necessary.

Date _____ Charge _____ Location (City & State) _____

Date _____ Charge _____ Location (City & State) _____

Date _____ Charge _____ Location (City & State) _____

Applicant certifies that he/she has received a copy of the Code governing the operation of Massage Establishments and Practitioners.

_____ being duly sworn says that the statements contained in the foregoing application are true.

Print Name

SIGN _____
Applicant

Sworn to me and signed in my presence this _____ day _____, 20 _____.

Notary Public

ANY FALSE STATEMENT MADE IN THIS APPLICATION SUBJECTS THE SIGNED TO PROSECUTION FOR PERJURY AND WILL RESULT IN THE REVOCATION OF ANY LICENSE GRANTED PURSUANT HERETO.

TREASURY USE ONLY

Police: Approved () Disapproved () **Police Records:** Approved () Disapproved ()

Income Tax: Approved () Disapproved () Certification of Training () License application fee paid ()

Birth Certificate () OH Driver's License # _____ Other Gov't ID _____

License No. _____ Date Issued _____ Expiration Date _____ License Fee _____

Date Received _____