



MESSAGE THERAPIST PERMIT APPLICATION FORM

Community Development Department-Health Permit Division
111 E Maple St
P. O. Box 1019
Independence, MO 64051-0519
Phone: (816) 325-7803 Fax: (816) 325-7770
www.independencemo.org

Picture identification is required to process application (i.e. driver's license, passport, etc.) PLEASE PRINT LEGIBLY.

Name: (First, Middle, Last, Suffix, Former/Maiden)

Social Security # _____

Date of Birth : _____

Address: (for last 3 years)

State Certificate #: _____

Gender: _____

Phone #: _____

EMPLOYMENT RECORD

Current Place of Employment:

Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____

PROFESSIONAL EXPERIENCE –List all employers in the past three years that were massage establishments

Former Place of Employment

Name: _____

Address: _____

City, State, Zip: _____

Employment Date: _____ to _____

Business Type: _____

Position: _____

Phone #: _____

Former Place of Employment:

Name: _____

Address: _____

City, State, Zip: _____

Employment Date: _____ to _____

Business Type: _____

Position: _____

Phone #: _____

Did you graduate from a school of massage? Yes No If yes list the name and address of school(s) and attendance dates

What massages are you certified in? How Many Hours?

Have you had any other courses of study or practical experience, other than that listed, which would qualify you as a massage therapist? Yes No If yes, describe

Have you ever been licensed as a Massage Therapist? Yes No If yes, who issued such a license?

Have you ever had any license to perform as a massage therapist, etc., denied or revoked? Yes No If yes, what were the circumstances of such denial or revocation?

Have you ever been convicted of any law violations, other than minor traffic violations? Yes No If yes, list offense(s) and date(s):

I certify that the answers I have made to each and all of the questions in the application are full and true to the best of my knowledge and belief.

Signature _____

Date _____

Office Use Only:

_____ Copy of Driver's License

_____ Copy of TB test

_____ Copy of State certification

_____ Copy of Business license, if self-employed/contract

Not Approved

Approved

Date _____