

CITY OF CONOVER MESSAGE LICENSE APPLICATION

Name and Residence of Applicant				
Name	Street	City	State	Zip

A complete statement of ALL convictions for any felony or misdemeanor or violation of a local ordinance.

Should more space be needed, attach additional pages to this form.

A complete statement of any revocation by any governmental unit of any license to engage in the massage business.

Should more space be needed, attach additional pages to this form.

Applicant's Birth Date _____	Birth Place _____
Parents Names _____	
Parents Address _____	

List all places of residence in the last 5 years

Applicant must complete or provide the following:

1. Two recent photos (current Driver's License) and additional head and shoulder photo.
2. Certification from the North Carolina Board of Massage and Body Work Therapy
3. Two(2) written and notarized recommendations from two(2) currently licensed massage therapists.

City of Conover Official Use Only

Training	Photo Identification	Recommendations
<input type="checkbox"/> Certificate Received	<input type="checkbox"/> Photo ID Received <input type="checkbox"/> 2nd Photo Received	<input type="checkbox"/> 2 Notarized Recommendation Letters

Initials of Applicants _____

Signature of Applicant _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 _____

Signature of Notary _____

Printed Name of Notary Public _____

My Commission Expires _____, 20 _____

The city reserves the right to request submission of any additional information deemed necessary to process the application.

The city reserves the right to revoke the license at any time redeemed under Ord. No 2-96, 1-8-96; Ord. No. 6-12 § 1, 4-2-12.

Application Fee of (\$50.00) Received: Cash Check No. _____ Received On: _____

FINAL APPROVAL

City Manager _____

Chief of Police _____