

Receipt # \_\_\_\_\_

**CITY OF HAMMOND, INDIANA APPLICATION For  
MASSAGE THERAPIST LICENSE**

License \_\_\_\_\_

Page 1 of 3

**FEE: \$100.00**

Date     /     /

An application for license is required pursuant to HMC 121.41 for anyone engaging in the practice of massage therapy. A completed application along with all required documentation shall be reviewed by the City Controller, the Health Department administrator and a designee of the Chief of Police. Upon approval of all three departments, a license will be issued.

The new filing of an application does not guarantee that a license shall be issued. Failure to complete the application will result in a denial of the application for insufficiency.

I have read the foregoing paragraphs and understand them. I hereby swear that i have completed and answered all questions truthfully and under the penalties of perjury. I understand that false information or misinformation will result in a denial of my application for license.

**LIABILITY**

This business license is issued upon the representations made at the time of application. All Business License applicants, by submitting this application, agree to abide and be bound by all Federal, State, and Local regulations applicable, and violation of same is grounds for termination of this license. Nothing in the granting or issuance of this license creates liability on behalf of the City of Hammond, its agents or assigns and license holder assumes all liability and responsibility for the licensed premises.

**SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**MESSAGE THERAPIST LICENSE**

Page 2 of 3

New Business \_\_\_\_\_ Renewal \_\_\_\_\_

New Business Applicants Require a Photo ID

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Educational History**

High School \_\_\_\_\_ Address \_\_\_\_\_

Date of Completion \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

Date of Completion \_\_\_\_\_

Vocational Training \_\_\_\_\_ Address \_\_\_\_\_

Date of Completion \_\_\_\_\_

**Employment History**

Name of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Dates \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Dates \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Dates \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Have you ever been convicted of any criminal acts? \_\_\_\_\_

If yes, please provide name of court, date of conviction and the nature of offense.

\_\_\_\_\_

\_\_\_\_\_

MASSAGE THERAPIST LICENSE

The following documentation must be attached to the application. Failure to attach will result in denial of the application as incomplete.

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Proof of completion of required schooling or testing pursuant to ordinance.
- \_\_\_\_\_ Proof of accreditation of school.
- \_\_\_\_\_ Blood test results for testing for HIV, Hepatitis and Tuberculosis.

**LICENSES EXPIRE DECEMBER 31<sup>ST</sup>. APPLICATION FEES ARE NONREFUNDABLE.  
**RENEWAL APPLICATIONS RECEIVED AFTER JANUARY 31 WILL BE CHARGED TRIPLE THE FEE. LATE FEES WILL NOT BE WAIVED FOR ANY REASON.****

I hereby testify that I am familiar with the ordinances of the City of Hammond, Indiana, governing the operation of the above mentioned business, and I hereby further swear that I will not myself do, or authorize or permit any act to be done in violation of the laws of the United States of America, the State of Indiana, or the ordinances of the City of Hammond, Indiana in or about my place of operation. All the answers made by me to the foregoing questions are true and are made for the sole purpose of obtaining a license from the City of Hammond to operate a lawful business.

**LIABILITY**  
This business license is issued upon the representations made at the time of application. All Business License applicants, by submitting this application, agree to abide and be bound by all Federal, State, and Local regulations applicable, and violation of same is grounds for termination of this license. Nothing in the granting or issuance of this license creates liability on behalf of the City of Hammond, its agents or assigns and license holder assumes all liability and responsibility for the licensed premises.

Applicants Signature \_\_\_\_\_

Zoning Dept \_\_\_\_\_

Health Dept \_\_\_\_\_

Controllers \_\_\_\_\_

Police Dept \_\_\_\_\_