

**CITY OF WEST ST. PAUL
MESSAGE THERAPY PERSONAL SERVICE LICENSE APPLICATION**

City Code Section 1165.03 – Any person desiring a personal service license shall file a written application with the City Clerk. The applicant shall tender with the application the correct license fee and shall, in addition furnish the following:

1. Name, age, complete residence address and telephone numbers.

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Phone</u>

2. Please list you massage, or similar business, history and experience.

3. In previously operating in this or another city or state, have you had a license or permit denied, revoked or suspended? If yes, please list the reason for the revocation or suspension.

4. Please list all criminal convictions or arrests (other than misdemeanor traffic violations) fully disclosing the jurisdiction in which convicted or arrested, and the offense for which convicted or arrested and the circumstances thereof.

5. Please list the business address and all telephone numbers where the service is to be practiced or based.

<u>Business Address</u>	<u>Phone</u>

I duly declare under penalty of perjury that the foregoing information contained in this application is true and correct, said declaration being dated and signed in the City.

Applicant's Signature

Date