

Massage Registration Supplement

Please print or type this form in its entirety and submit it with your completed application documents. Your application will not be considered complete without this document as well as a Master Application and a Personal Affidavit. You will also be required to show your CAMTC Certificate/Renewal and your CAMTC Identification Card when submitting this application.

A. B.	Type: Massage Practitione Ownership: Corporation	`_ `		<u> </u>	orship 🔲 LLC 🗌	
	C Massage Practitioners or Ca	AMTC Massage Therapist	s			
C.	CAMTC Certificate or Certif	ficate Renewal Number	Expiration Da	 ate		
D.	Name of Sole Proprietorship		·			
Ε.	, , ,					
	Business Address	City	State	Zip Code	Phone Number	
Massa F.	age Establishments (For CAM Provide the following inform a CAMTC Massage Therapist	nation for each person at t	the business who is		nge Practitioner or	
	Name Home Address	City	State	Zip Code	Phone Number	
	CAMTC Certificate or Certificate Renewal Number		Expiration Da	ate		
	Name	<u> </u>	CAMTC Practit	tioner CAM	TC Therapist 🗌	
	Home Address	City	State	Zip Code	Phone Number	
	CAMTC Certificate or Certif	ficate Renewal Number	Expiration Da	ate		
G.	Provide the following information for each person employed (paid or unpaid) at the business other than CAMTC Practitioners and CAMTC Therapists, attach additional sheets if necessary:					
	Name			Title		
	Home Address	City	State	Zip Code	Phone Number	
	Name			Title		
	Home Address	City	State	Zip Code	Phone Number	
Non	-CAMTC Certified Massage Es	stablishment Owners				
Н.	Provide the last two (2) resid	dential AND business addr	resses of the applic	cant:		
	Residential Address	City	State	Zip Code	Dates of Residency	
	Residential Address	City	State	Zip Code	Dates of Residency	
	Business Address	City	State	Zip Code	Dates of Business	
	Business Address	City	State	Zip Code	Dates of Business	

SEE REVERSE FOR ADDITIONAL REQUIREMENTS AND SIGNATURE

	Provide applicant's business, occupation, or employment history for the last ten (10) years:
•	Provide applicants' all current and prior permits/licenses to operate or maintain a massage establishment, o to give or perform a massage. Provide the city, county state or government agency who issued the permit/license and issuance date. Provide the reasons and dates for any permit/license denial, suspension, revocation, or restriction.
•	Provide applicants' all felony and misdemeanor convictions. Include date of conviction, description of the offense committed, the name and address of the court where the conviction occurred, and the court's case number for the conviction.
	Provide applicants' education, training, experience, or expertise in operating/maintaining a massage establishment, or giving/performing a massage.