

MASSAGE THERAPIST

APPLICATION FOR LICENSE

THE CITY OF MORGANTOWN, WV

I HEREBY MAKE APPLICATION FOR THE BUSINESS OF MASSAGE THERAPIST IN THE CITY OF MORGANTOWN, FOR THE FISCAL YEAR ENDING _____, UNDER THE PROVISIONS OF AN ORDINANCE ADOPTED BY CITY COUNCIL JANUARY 4, 1997 AND EFFECTIVE NOVEMBER 16, 1999. **CODE SECTION 1133.02**

I ALSO CERTIFY THAT I HAVE READ OR RECEIVED A COPY OF THE ABOVE ORDINANCE.

NAME OF APPLICANT

ADDRESS OF APPLICANT

MAILING ADDRESS IF DIFFERENT

DATE BUSINESS BEGAN

TELEPHONE NUMBER

FEE: \$15.00

SIGNED: _____

DATE: _____

*Is what else required?
- Education?
massage therapist*