

List Below the Business Name and Address (Where you will be employed as a massage therapist)

1st Business Name Business Phone

Business Address City State Zip

Is this business currently licensed as a massage therapy establishment in the Township of Hempfield? Yes No

2nd Business Name Business Phone

Business Address City State Zip

Is this business currently licensed as a massage therapy establishment in the Township of Hempfield? Yes No

3rd Business Name Business Phone

Business Address City State Zip

Is this business currently licensed as a massage therapy establishment in the Township of Hempfield? Yes No

4th Business Name Business Phone

Business Address City State Zip

Is this business currently licensed as a massage therapy establishment in the Township of Hempfield? Yes No

5th Business Name Business Phone

Business Address City State Zip

Is this business currently licensed as a massage therapy establishment in the Township of Hempfield? Yes No

Please describe any criminal convictions other than traffic violations fully disclosing the jurisdiction in which convicted and the offense for which convicted and the circumstances thereof (required by ordinance):

(Attach additional sheet if necessary)

II. CERTIFICATION / TRAINING (New Applicants Only)

Have you ever worked as a **massage therapist**? Yes ____ No ____

If yes, please describe the history, including the name of the municipality and state _____

Describe all training (minimum 300 hours required) received that qualifies you to work as a massage therapist:

*Proof of certification from a recognized association
must be submitted along with your application*

Have you ever had your massage therapist license suspended or revoked? ____ Yes ____ No

If yes, please describe the dates, reason and the business activity or occupation subsequent to such action of suspension or revocation. *Attach additional sheet if needed.*

Further, attach a copy of diploma, certificate or other written proof of graduation from a recognized school by the person who shall be directly responsible for the operation and management of the massage business.

III. LIST PREVIOUS PLACES OF EMPLOYMENT FOR LAST 3 YEARS

1 st Business Name	Business Phone	Dates of Employment
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Address	City	State	Zip
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Describe your position and work performed: _____

2 nd Business Name	Business Phone	Dates of Employment
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Address	City	State	Zip
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Describe your position and work performed: _____

3 rd Business Name	Business Phone	Dates of Employment
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Address	City	State	Zip
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Describe your position and work performed: _____

4 th Business Name	Business Phone	Dates of Employment
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Address	City	State	Zip
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Describe your position and work performed: _____

5 th Business Name	Business Phone	Dates of Employment
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Address	City	State	Zip
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Describe your position and work performed: _____

IV. LIST CHARACTER REFERENCES

Please provide names and addresses of three (3) adult residents of the County of Westmoreland who will serve as character references. These references must be persons other than relatives and business associates:

1 st Reference: First Name – Middle – Last Name		Phone	Relationship
Address	City	State	Zip

2 nd Reference: First Name – Middle – Last Name		Phone	Relationship
Address	City	State	Zip

3 rd Reference: First Name – Middle – Lat Name		Phone	Relationship
Address	City	State	Zip

IV. HEALTH INFORMATION

Massage therapist/instructor applicant must provide a certificate from a medical or osteopathic doctor stating that the applicant has, within sixty (60) days immediately prior to initial application (or 90 days prior to submitting a renewal application), been examined and found to be free of any contagious or communicable disease.

Certificate attached: _____ Yes _____ No If no, give reason _____

V. AFFIDAVIT

STATE OF PENNSYLVANIA)

COUNTY OF WESTMORELAND)

_____, first being duly sworn, deposes and says that he/she is at least 18 years of age, has read the foregoing application by him/her subscribed and that he/she knows the contents thereof, and that the same is true of his/her own knowledge and belief. Any false or misleading information in, or in connection with this application may be cause for denial or loss of license.

Further, he/she authorizes the Township of Hempfield, its agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualification of the applicant for the license.

Lastly, he/she understands that his/her medical history information or medical records will be kept secure and strictly confidential.

Applicant’s Signature and Title

Subscribed and sworn to before me this

_____ day of _____, 20__ . Notary’s Signature: _____

OFFICE USE ONLY

TOWNSHIP SECRETARY: ____ YES ____ NO _____

Signature

Date

Notes:

PERMIT PROGRESS

ISSUE DATE: _____ EXPIRATION DATE: _____

LICENSE NUMBER: _____ PROCESSED BY: _____

TOTAL FEES PAID: _____ PAYMENT TYPE: _____

MESSAGE THERAPIST LICENSE

- Massage Therapist Licenses for the Township of Hempfield are issued for a period of 1 year, expiring on December 31st. The process to obtain a Massage Therapist License takes approximately 3 weeks from the date of application until the date of issuance and requires approval from several Township and State departments.
- To apply for a Massage Therapist License, file your completed, signed application form with the Township Code Enforcement Office.
- License fees are non-refundable and are to be paid at the time of filing the application form.

Fees are as follows:

Massage Therapist - \$70 initial fee + \$5 Police Investigation Fee
\$45 renewal fee + \$5 Police Investigation Fee

- NOTE: Massage Therapy Establishments must file for a separate license from the Township of Hempfield.
- QUESTIONS? Please call (724) 834-7232, extension 240.