

CITY OF ANNANDALE

APPLICATION FOR MASSAGE LICENSE

Applicant's full legal name: _____

Address: _____

Telephone: _____ Social Security #: _____

2 previous addresses and dates of residences:

Occupation for 3 years preceding date of application: _____

Address of business to be licensed: _____

Has the applicant been convicted of any crime concerning dishonesty, fraud, deceit or immorality? _____ No _____ Yes Explain: _____

Must attach 1) proof that applicant is at least 18 years old; 2) copy of diploma or certificate of graduation from a recognized massage school; and 3) two recent photographs not more than 6 months old and at least 2 inches by 2 inches in size.

The applicant certifies that the information contained in this application is true and correct to the best of applicant's knowledge.

Date: _____

Applicant