



2664 Riva Road, MS 6006
Annapolis MD 21401
www.aacounty.org/ip
Phone: (410) 222-7788

Mark Wedemeyer, Director

MASSAGE THERAPY ESTABLISHMENT LICENSE APPLICATION

\$25.00 application/renewal fee for 5 year license expiring December 31

Any changes to the information contained in this application must be reported within 30 days.

1) Full Name of Applicant: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

Describe association with, or role in, Massage Therapy Establishment (owner, manager, operator, etc.):

2) Registered Trade Name of Massage Therapy Establishment: _____

Massage Therapy Establishment Location (Location where massage therapy will be provided. If massage therapy is offered at multiple locations, a separate license is required for each Massage Therapy Establishment location.):

Address: _____

Business Telephone Number: _____ E-Mail address: _____

Full Legal Name of Owner of Business or Individual Using the Trade Name: _____

Business Type (Individual, LLC, LP, Sole Proprietor, etc.): _____

Entity's Maryland Department of Assessments and Taxation Number: _____

*Please attach a Certificate of Good Standing from the SDAT to this application.

Location of Massage Therapy Establishment (Location where massage therapy will be provided. If massage therapy is offered at multiple locations, a separate license is required for each Massage Therapy Establishment location.):

Address: _____

Business Telephone Number: _____ E-Mail address: _____

Federal Employer Identification Number: _____

3) Owner of property where massage therapy establishment is located: _____

Mailing Address of owner: _____

Telephone number: _____

E-Mail address: _____

Days and Hours of Operation: For each day of the week, include the business hours (open to close) or note if closed.

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

I, the undersigned applicant, authorize Anne Arundel County to investigate any and all statements made in this application. I certify that the information herein is true and accurate to the best of my personal knowledge. I understand if any misrepresentations have been made herein, or the results of the investigation are not satisfactory, any license may be withdrawn or denied. I certify I have read the provisions of § 11-9A-101, et seq. of the County Code and will abide by all provisions therein.

Signature

Date

Required Attachments:

1. Completed Massage Therapy Establishment Personnel List sheet.
2. Copy of current state massage therapist license for each massage therapist listed.
3. Evidence of liability insurance and a certificate of insurance showing Workers' Compensation insurance or a Certificate of Compliance from the Workers' Compensation Commission.
4. If any employee of the Establishment is not a U.S. Citizen, provide a copy of the appropriate work authorization or permanent resident card.
5. Copy of Applicants driver's license or State ID.
6. Copy of current lease or deed.
7. Copy of Certificate of Good Standing from Maryland State Department of Assessments and Taxation.

To report any changes to information on this application, contact the Licensing Division at 410-222-7788.

FOR OFFICE USE:

- Zoning Certificate of Use
- Police Department Approval
- Therapist License(s)
- Good Standing
- Finance
- Insurance