



**CITY OF PORTLAND**  
**Permitting and Inspections Department**  
**Application for Massage Establishment License**  
**License expires annually on September 30<sup>th</sup>**

<input type="checkbox"/> Application Fee: \$45	<input type="checkbox"/> Massage Establishment License: \$65
<input type="checkbox"/> Renewal Fee: \$35	<input type="checkbox"/> SBI Background Check: \$21/principal officer

<b>Business Information</b>			
Business Name/Applicant Name (if no formal business name):			
Business Address:			
Mailing Address:			
Applicant Email:		Phone:	
Owner of Business Premises:			
Address of Premises Owner:			
Name of Manager of Business (if applicable):		Date of Birth:	
Hours of Operation:			

**Sole Proprietor/Partnership Information (If Corporation, leave blank)**

<b>Name of Owner(s)</b>	<b>Date of Birth</b>	<b>Residence Address</b>

**Corporate/LLC/Non-Profit Organization Applicants (If Sole Proprietor or Partnership, leave blank)**

<b>Corporate Name</b>		<b>Corporate Mailing Address</b>	
<b>Principal Officers</b>	<b>Title</b>	<b>Date of Birth</b>	<b>Residence Address</b>



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Does the applicant, or any officer of a corporate applicant, or any partner, or any person having actual ownership interest or management authority in this business have any convictions for any offenses other than traffic violations, during the past 5 years?	Y/N
If yes, please explain:	
Does the issuance of this license benefit any City employee?	Y/N
If yes, list name(s) and department(s):	

**Please read and sign:**

- All therapeutic massage must be administered on a massage table, treatment table, or treatment mat, and must be kept in a clean and sanitary condition.
- Massage therapists can operate between the hours of 6am and 12am ONLY.
- A massage therapy establishment must, when open to the public, have a licensed massage therapist on premises at all times. The establishment must keep a written list of all employee names and addresses, both on and off duty and said list must be shown upon request.
- A massage therapy corporation must be registered in the State of Maine.

Any principal officer/owner/massage therapist may not have a disqualifying criminal conviction in the last 5 years and must be at least 18 years of age. Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the City Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

\_\_\_\_\_  
Signature Date

*For more information about Massage Establishment licenses, please see Portland City Code Chapter 16 at:  
[www.portlandmaine.gov](http://www.portlandmaine.gov).*

**For Administrative Use Only**

Amount: _____	Request Date / Approval	Notes: _____
Date Paid: _____	FD: _____/_____	_____
CC ___ CA ___ CK ___	PD: _____/_____	_____
	Zoning: _____/_____	_____
Amount: _____	Treasury: _____/_____	_____
Date Paid: _____	SBI: _____/_____	_____
CC ___ CA ___ CK ___	SBI #: _____	_____