



**TOWN OF SALEM FIRE DEPARTMENT
INSPECTIONAL SERVICES
HEALTH DIVISION
33 GEREMONTY DRIVE
SALEM, NEW HAMPSHIRE 03079
603-890-2050 FAX 603-898-1223**

LICENSED MASSAGE PRACTITIONER APPLICATION

I. IDENTIFICATION:

1. NAME _____
2. SOCIAL SECURITY NUMBER _____ - _____ - _____
3. PRESENT ADDRESS _____
4. MAILING ADDRESS _____
5. DATE OF BIRTH _____ SEX: M F
6. TELEPHONE NUMBER _____
7. EMAIL ADDRESS _____
8. CONVICTIONS:

HAVE YOU BEEN, WITHIN THE PAST TEN (10) YEARS, CONVICTED OF A SEXUALLY RELATED CRIME OR A CRIME INVOLVING MORAL TURPITUDE, THE RECORD OF WHICH HAS NOT BEEN ANNULLED BY A COURT? YES NO _____ WHICH STATE? _____

ESTABLISHMENT NAME & ADDRESS _____

II. DOCUMENTATION REQUIRED:

APPLICANTS FOR LICENSED MASSAGE PRACTITIONER LICENSES MUST SUBMIT A COPY OF THE FOLLOWING DOCUMENTS WITH THE APPLICATION :

- A. CERTIFICATE OF COMPLETION FROM A RECOGNIZED SCHOOL OF MASSAGE THERAPY**
- B. COPY OF THE STATE OF NH MASSAGE PRACTITIONER LICENSE REQUIRED UNDER NHRSA 328-B & 328-H**
- C. RECENT PHOTO**

MASSAGE PRACTITIONER LICENSE FEE - \$100

**PLEASE MAKE CHECKS PAYABLE TO THE TOWN OF SALEM
THE LICENSING PERIOD IS APRIL 1ST - MARCH 31ST OF EACH YEAR.**

PLEASE REFER TO SALEM CHAPTER 329 - MASSAGES, SAUNAS & OTHER TYPES OF BATHS, FOR COMPLETE RULES AND REGULATIONS GOVERNING THE LICENSE APPLICATION.