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CITY OF KENMORE, WA
Massage Practitioner License Application



18120 68th Ave NE, Kenmore, WA 98028 425-398-8900 www.kenmorewa.gov

Staff use Area
License Number:
Application Date:
Expiration Date:
Received By:
Date Stamp

1 Applicant Information:
License type: [] New [] Renewal
Name:
Address: City,St,Zip:
Phone:
Date of Birth Place of Birth:

2 Employment Information:
Business Name:
Business Owner Name:
Address: City,St,Zip:
Phone:

3 Conditions:
Please initial to the left to acknowledge compliance with each statement related to the massage practitioner license as required by KMC 5.45.
initial I am 18 years of age or older and am providing written proof with my application.
Written verification of employment is attached to this application.
I am licensed with the State of Washington and a copy of the license is attached to this application.

4 Applicant Signature and Notary:
I affirm the information above is true and accurate.

I certify that I know or have satisfactory evidence that the applicant _____ is the person who appeared before me.

Dated: _____

Notary Public in and for the State of Washington Commission Expires: _____

Name: _____
Signature

Print Name