



Town of Salem, New Hampshire
Health Department

Municipal Offices, 33 Geremonty Drive, Salem, New Hampshire 03079

tel: (603) 890-2050 fax: (603) 898-1223

Brian A. Lockard, Health Officer

MASSAGE THERAPY ESTABLISHMENT

LICENSE APPLICATION

I. ESTABLISHMENT:

NAME OF ESTABLISHMENT _____

ADDRESS _____

MAILING ADDRESS (if different) _____

PHONE NUMBER _____

**II. ESTABLISHMENT OWNER(S), MANAGER(S), CORPORATE STOCKHOLDERS
AND/OR CORPORATE DIRECTORS AND OFFICERS:**

A. 1. NAME _____

2. SOCIAL SECURITY NUMBER _____ - _____ - _____

3. PRESENT ADDRESS _____

4. MAILING ADDRESS _____

5. DATE OF BIRTH _____ SEX: M F

6. TELEPHONE NUMBER _____

7. 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? _____

MASSAGE ESTABLISHMENT LICENSE FEE - \$50

MASSAGE PRACTITIONER LICENSE FEE - \$50

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 221 - MASSAGES, SAUNAS & OTHER TYPES OF BATHS, FOR COMPLETE
RULES AND REGULATIONS GOVERNING THE LICENSE APPLICATION.

THE LICENSE WILL BE MAILED TO YOU FOLLOWING THE RECEIPT OF ALL THE REQUIRED DOCUMENTS
AND A RECORD CHECK COMPLETED BY THE POLICE.

THERE SHALL BE AT LEAST ONE LICENSED MASSAGE THERAPIST AT EACH LICENSED MASSAGE
ESTABLISHMENT.

(Over)



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LICENSE APPLICATION

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

ADD EXTRA PAGES IF NECESSARY



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LICENSED MASSAGE PRACTITIONER

LICENSE 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. 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
- C. COPY OF A PHYSICAL EXAMINATION PERFORMED BY A
LICENSED PHYSICIAN WITHIN 45 DAYS OF APPLICATION
- D. PASSPORT PHOTO

MESSAGE ESTABLISHMENT LICENSE FEE - \$50
MESSAGE PRACTITIONER LICENSE FEE - \$50
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MESSAGE ESTABLISHMENT.