MASSAGE PRACTITIONER
BUSINESS LICENSE APPLICATION

FEE: $35.00
NEW APPLICATION

FEE: $35.00
UPDATE/RENEWAL

This is an APPLICATION ONLY, and NOT a license to conduct business.
You must obtain a business license PRIOR to conducting business.
ALL LICENSES EXPIRE DECEMBER 31ST AND MUST BE RENEWED ANNUALLY

FILL OUT THIS FORM IN ITS ENTIRETY
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

TO APPLY, PLEASE PROVIDE COPIES OF THE FOLLOWING REQUIRED DOCUMENTS:

- WASHINGTON MASSAGE PRACTITIONER’S LICENSE
- WASHINGTON MASTER BUSINESS LICENSE/UBI#

BUSINESS INFORMATION:
Trade Name or DBA: ___________________________ UBI#: ___________________________
Location/Physical Address: ____________________________________________________________
Mailing Address (if different): _________________________________________________________
Phone: ___________________________ Fax: ___________________________
Previous occupants of tenant space: ______________________________________________________
Description of Business: _______________________________________________________________
Total SF of Business: ___________________________
Leasing Agent/Agency: ___________________________ Phone: ___________________________

Practitioner Information

PLEASE CHECK ONE OF THE FOLLOWING
LMP & Business ☐ LMP & Independent Contractor ☐ LMP & Employee ☐

Sole Proprietor/Partnership

Owner Name: ___________________________________________ Owner Name: ______________
Title: ___________________________________________________ Title: ___________________________
Residence Address: ______________________________________ Residence Address: _____________
Contact Phone: _________________________________________ Contact Phone: ________________
Home Phone: ___________________________________________ Home Phone: _________________

PLEASE ANSWER ALL THE QUESTIONS BELOW
Will you be doing any interior or exterior improvements, remodeling (other than painting and carpeting), or altering your tenant space? (If answer is "yes", a building and/or sewer permits may be required)

Will any portion of the business (including client massages, storage, billing, etc.) be conducted from a house or apartment? (If answer is "yes," a home occupation permit is required.

Do you own the establishment at which you work? (If answer is "yes," ________________.)

Do you plan on hiring other massage practitioners to work at your business? (If answer is "yes," please provide the names of all other LMP’s employees).

________________________________________________________

I (we) the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the information set forth is true, correct, and complete. I authorize the City, its agents and employees to investigate and confirm any statements set forth in this application. I also understand that I am responsible for notifying the business License Division, in writing, of any change in location or mailing address within ten days of the change. All licenses are nontransferable. I understand my place of business must comply with all federal, state, and local codes and ordinances.

________________________________________________________

Signature of Applicant (owner/partner/corporate officer)     Title     Date

Application Prepared By (please print)     Title     Date

**Business License - Zoning Review Checklist: (For Official Use Only)**

TAX PARCEL # ___________________________ ZONE: ___________________________

ZONING USE TYPE: ___________________________

PRIMARY PERMITTED USE/AUP/CUP/SEPA: ___________________________

TENANT IMPROVEMENT PERMIT REQUIRED: ___________________________

PLANNING APPROVAL: ___________________________ DATE: ________________