

PLEASE PRINT

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
\_\_\_\_\_

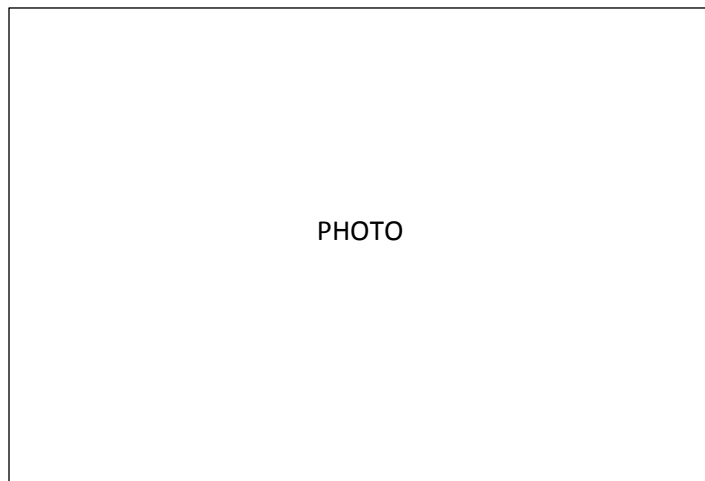
Telephone Number: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Massage Establishment Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Telephone Number: \_\_\_\_\_



\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

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**FOR WINCHESTER POLICE DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_

Fee: \$50.00

Date Approved: \_\_\_\_\_

Fee Paid: \_\_\_\_\_



**RENEWAL APPLICATION**  
**MASSAGE ESTABLISHMENT**

Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_

MASSAGE THERAPIST	CERTIFIED – STATE BOARD OF NURSING	DATE EXPIRES