OFFICE OF THE BUILDING INSPECTOR

10 MAPLE AVE.
NEW CITY, NY 10956/5099
(845) 639-2100

ERIK ASHEIM,
ACTING BUILDING INSPECTOR

STEPHEN UNGERLEIDER,
CHIEF FIRE SAFETY INSPECTOR

APPLICATION FOR LICENSURE
MASSAGE THERAPIST
(Please complete Application in Pen)

1. **SOCIAL SECURITY NUMBER:** _____ _____ _____
   (Leave this blank if you do not have a U.S. Social Security Number)

2. **BIRTH DATE: Month:** _____ **Day:** _____ **Year:** _____

3. **PRINT NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR LICENSE:**

   Last: _____

   First: _____

   Middle: _____

4. **MAILING ADDRESS:**
   (You must notify the Department promptly of any address or name changes.)

   Line 1: _____

   Line 2: _____

   Line 3: _____

   City: _____

   State: _____ **Zip Code:** _____

   Country/Province: _____

   Daytime Phone: (_____) _____
   Area Code **Phone Number**

5. **CITIZENSHIP:** _____ **United States / Other Immigration** _____

   _____ **Alien lawfully admitted for a permanent residence in the U.S. Citizen of:** _____
   (Attach photocopy of front and back of your Alien Registration Card)

6. Name as it appears on degree or other credentials (if different from above):

_____

7. Have you previously applied for a Town of Clarkstown License as a Massage Therapist?

Yes_____ No_____

8. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in Court?

Yes_____ No_____

9. Are criminal charges pending against you in any Court?

Yes_____ No_____

10. Have you ever been arrested for any criminal charge?

Yes_____ No_____

11. Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

Yes_____ No_____

12. Are charges pending against you in any jurisdiction for any sort of professional misconduct?

Yes_____ No_____

13. Employer's Name: _____

Address of Employer: _____

_____

NOTE: If you answer "YES" to any questions numbered 8-12, submit a letter giving a complete detailed explanation, include copies of any Court records (conviction records), and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct".

APPLICANT: **List previous places of employment for last three (3) Years:**

1st Business Name: _____
Business Phone:_____
Dates of Employment: _____
Address:_____**City**_____**State**_____**Zip** _____

Describe your position and work performed: _____
_____
_____
_____

2nd Business Name: _____
Business Phone:_____
Dates of Employment: _____
Address:_____**City**_____**State**_____**Zip** _____

Describe your position and work performed: _____
_____
_____
_____

3rd Business Name: _____
Business Phone:_____
Dates of Employment: _____
Address:_____**City**_____**State**_____**Zip** _____

Describe your position and work performed: _____
_____
_____
_____

FOR OFFICE USE ONLY

ROUTING LIST	PD	BD	ZA	DATE	INTITALS

Application Received----------
Fingerprints----------
Photographs----------
Police Clearance----------
License Issued----------
Mail License----------
Pick-Up License----------

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AFFIDAVIT: I declare and affirm that the statements made in the foregoing application are true, completed and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of permit and licensure and may result in criminal prosecution.

_____ Date: _____/ _____/ _____
Applicant's Signature Month Day Year

Sworn to before me

this _____ day of _____, 20_____.

_____
NOTARY PUBLIC

Affix Seal

Here
My Commission Expires _____