



City of Festus
711 West Main Street, Festus, Mo. 63028
Phone: 636-937-4694 Fax: 636-937-2140

THERAPEUTIC MASSAGE LICENSE APPLICATION
License period July 1 st through June 30 th

Date: _____

I, _____, do hereby make application for a City of Festus, Missouri Therapeutic Massage License.

Business Name: _____
Business Address: _____
State/City/Zip: _____
Business Phone: _____

Owner / Applicant Name: _____
Owner / Applicant Address: _____
State/City/Zip: _____
Owner Phone: _____

Missouri State Board Certification Number:

Other Employment: _____
Address/Phone No.: _____

I will conscientiously practice Therapeutic Massage/Bodywork with my clients best interest in mind and within the scope of my abilities and training. I will uphold standards of cleanliness and client privacy according to the expected standards of my profession.

Specifically: I am in good health and will maintain my health. I will provide a clean environment for all clients. I will provide fresh linens for each client. I will wash my hands thoroughly before working with any client. I will respect each client's right to privacy and will keep the client's private body parts securely draped during bodywork. I will not touch any client's private body parts. I will maintain a professional posture and will ask any client who behaves inappropriately to leave immediately. I understand that any violation to this code of ethics may mean suspension or revocation of business license or permit to practice in the City of Festus, Missouri.

Signature

Date

Witnessed by: _____