



Town of Oxford

Application to Perform Massage Therapy

Name: _____

Company Name: _____

Company Address: _____

Previous Address: _____

Company Phone Number: _____

Applicant Height (inches): ____ Weight (lbs.): ____

Eye Color: _____ Hair Color: _____

Place of employment or business occupation for the past three (3) years:

Please provide the following:

1. Two (2) current photographs (to be attached to application)
2. Written statements from (3) persons stating applicant is of good moral character.
3. Proof that applicant is 20 years or older. (Birth certificate or drivers license)
4. Copy of diploma or certificate of graduation from massage school.
5. Certificate from physician stating that the applicant has been examined and found free of any contagious or communicable disease, and showing that the examination was conducted within (30) days prior to submission of application. (Physician letterhead or prescription pad required).
6. **APPLICATION FEE - \$50.00** (Due upon application)

Applicant Signature _____ Date _____