

CITY OF RICHMOND - PERMIT OFFICE
600 MORTON ST. - RICHMOND, TX 77469
281-232-6871 - FAX 281-238-1215

APPLICATION FOR MASSAGE THERAPIST LICENSE - CITY OF RICHMOND, TEXAS		Date Rec'd In Permit Office DATE:		
BUSINESS LOCATION:				
Company, Corporation, or Business Owner:				
Tx DSHS Licence ME Number:		Effective Date:	Exp. Date:	
THERAPIST APPLICANT INFORMATION	Name:			
	Address:	Street		
		City	State	Zip Code
	Date of Birth:	Month:	Date:	Year:
	Identification:	Issuing Entity		
		Type:	No.:	
	Tx DSHS Licence MT Number:		Effective Date:	Exp. Date:
Give the type of Government issued ID such as a driver's license or state ID and issuing Entity, along with the Number				
Telephone:		Telephone:		
I hereby certify, under penalty of perjury, that I have read and examined this application and know the same to be true and correct.				
Applicant Signature:		Date:		

City Office Use Only	Warrant & Sex Offender Check: _____ Date: _____
	Richmond Police Telecommunications Officer
	APPROVED & ISSUED BY: _____ Date: _____
	Title: _____ Receipt # _____

