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CITY OF KENMORE, WA Massage Practitioner License Renewal

18120 68th Ave NE, Kenmore, WA 98028

425-398-8900

www.kenmorewa.gov

Staff use Area	License Number: _____	Date Stamp
	Application Date: _____	
	Expiration Date: _____	
	Received By: _____	

1 Applicant Information:		
Name: _____		
Address: _____	City,St,Zip: _____	
_____	Phone: _____	
Date of Birth _____	Place of Birth: _____	
2 Employment Information:		
Business Name: _____		
Business Owner Name: _____		
Address: _____	City,St,Zip: _____	
	Phone: _____	
3 Conditions:		
Please initial to the left to acknowledge compliance with each statement related to the massage practitioner license as required by KMC 5.45.		
initial	I am renewing my Kenmore license; previous information submitted to the City is still accurate.	
	I am 18 years of age or older.	
	I am licensed with the State of Washington.	
4 Applicant Signature:		
	I affirm the information above is true and accurate.	