

# 142

## CITY OF KENMORE, WA Massage Practitioner License Renewal



18120 68<sup>th</sup> Ave NE, Kenmore, WA 98028

425-398-8900

www.kenmorewa.gov

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

<b>1</b>	<b>Applicant Information:</b>	
	Name: _____	
	Address: _____	City,St,Zip: _____
	Email: _____	Phone: _____
	Date of Birth: _____	Place of Birth: _____

<b>2</b>	<b>Employment Information:</b>	
	Business Name: _____	
	Business Owner Name: _____	
	Address: _____	City,St,Zip: _____ Phone: _____

<b>3</b>	<b>Conditions:</b>	
	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.	

<b>4</b>	<b>Applicant Signature:</b>
	I affirm the information above is true and accurate.